05/11/2010 15:36

Image# 10930678845

# **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other	Than An Auth	orized Comr	nittee		Office Use On	ly
NAME OF COMMITTEE (in full)	USE FEC MA	AILING LABEL R PRINT ♥	Example:If ty over the lines				
American Hospital Associa	tion PAC						
ADDRESS (number and street)	325 Sever	nth Street, NW					
Check if different	Suite 700						
than previously reported. (ACC)	Washingto	on 			DC	20004	
2. FEC IDENTIFICATION NU	IMBER ¥	CITY	<b>' A</b>		STATE	ZIPC	CODE A
C00106146			THIS EPORT	NEW (N) <b>OR</b>	X A	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Moni	ort Feb 2	20 (M2)	May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due		20 (M3)	Jun 20 (M6)	Sep	o 20 (M9)	X Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 2	20 (M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
Quarterly Report		12-Day	Primary	(12P)	General	(12G)	Runoff (12R)
Quarterly Report	(Q2)	PRE-Election Report for the:	Convent	ion (12C)	Special	(12G)	
Quarterly Report January 31 Quarterly Report		Election	ı on			in th	
July 31 Mid-Year Report(Non-elect Year Only) (MY)	ion (d)	30-Day  Post -Election	General	(30G)	Runoff (		Special (30S)
Termination Rep (TER)	ort	Report for the:  Election	ı on			in th Stat	
5. Covering Period	1 01	2009	throu	gh 1 1	30	2009	
I certify that I have examined this		the best of my knownda Hatton	vledge and belief	it is true, correct	and complete		
Type or Print Name of Treasure	r <u>IVIS. IVIEIII</u>	ilda i lattori					
Signature of Treasurer Elect	ronically Filed by	y Ms. Melinda Ha	atton		Date 0.5	11	2010
NOTE : Submission of false, en	roneous, or inco	mplete information	may subject the	person signing thi	s Report to th	e penalties of 2	U.S.C 437g.
Office Use						FEC FO	

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/144

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 11 0 1 2009 3 0 2009 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 1339674.06 January 1 (b) Cash on Hand at 1863414.35 Begining of Reporting Period ..... 216878.51 1637418.23 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2080292.86 2977092.29 6(a) and 6(c) for Column B) ..... 65901.18 962700.61 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2014391.68 2014391.68 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

### For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 144

Write or Type Committee Name
American Hospital Association PAC

\_\_\_\_\_

Report Covering the Period:

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From:

D D 0 1

2009

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м°м 1 1 D D D

<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> 2009

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	108396.47	732723.60
	(ii) Unitemized	50879.90	324478.93
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	159276.37	1057202.53
,	o) Political Party Committees	0.00	0.00
	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159276.37	1057202.53
	ransfers From Affiliated/Other arty Committees	57349.00	555210.00
3. A	II Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
Ò	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	22000.00
	Other Federal Receipts Dividends, Interest, etc.)	253.14	3005.70
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	216878.51	1637418.23
	otal Federal Receipts subtract Line 18(c) from Line 19)	216878.51	1637418.23

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 144

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		-
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	401.18	5891.42
	Expenditures(c) Total Operating Expenditures	401.16	3031.42
	(add 21(a)(i), (a)(ii) and (b))	401.18	5891.42
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	65500.00	952991.69
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	900.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	900.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	2917.50
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65901.18	962700.61
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	65901.18	962700.61

### **DETAILED SUMMARY PAGE**

of Disbursements

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	III Not Contributions/Operating	0011114114	COLUMN B
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	159276.37	1057202.53
34.	Total Contribution Refunds (from Line 28(d))	0.00	900.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	159276.37	1056302.53
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	401.18	5891.42
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	401.18	5891.42

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Michael Murphy		Date of Receipt
Mailing Address 3394 Creek View	Olub 7's Out	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Medford	State Zip Code OR 97504-9624	Transaction ID: 17653480  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Asante Health System	Occupation Vice President of Medical Affairs	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Earls		Date of Receipt
Mailing Address 671 Kingwood Drive N	W	11 02 2009
City	State Zip Code	Transaction ID: 17653481
Salem	OR 97304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Oregon Association of Hos- pitals & Heal	Occupation Vice President, Finance & Health Poli	c
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Marvin Haas	<u> </u>	Date of Receipt
Mailing Address 2650 Siskiyou Blvd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Medford	State Zip Code OR 97504-8170	Transaction ID: 17653482
FEC ID number of contributing federal political committee.	C 9/504-8170	Amount of Each Receipt this Period  250.00
Name of Employer Asante Health System	Occupation Vice President, Finance	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Terry O Finklein  Mailing Address 2111 Exchange Stree  City  Astoria  FEC ID number of contributing federal political committee.  Name of Employer Columbia Memorial Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code OR 97103-3329  C  Occupation Chief Executive Officer  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Winford Howard  Mailing Address 1131 Michael Lane  City  Eagle Point  FEC ID number of contributing federal political committee.  Name of Employer Asante Health System  Receipt For: Primary General Other (specify)	State Zip Code OR 97524-9509  C  Occupation Vice President  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr Tim Hermann Mailing Address 1965 Alder St  City  Eugene  FEC ID number of contributing federal political committee.  Name of Employer Sacred Heart Medical Center Receipt For: Primary General Other (specify)	State Zip Code OR 97405-2937  C  Occupation Regional VP Hosp. Operations  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 144 (check only one)    X   11a
C	any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Skip Kriz		Date of Receipt
	Mailing Address 3370 Lakeview Drive		11 02 7 2009
	City	State Zip Code	Transaction ID: 17653505
	Eugene	OR 97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Sacred Heart Medical Cent- er	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_ s.	Full Name (Last, First, Middle Initial) Mr. Mel Pyne	<u> </u>	Date of Receipt
	Mailing Address 3015 Summit Sky Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17653507
	Eugene	OR 97405-6253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer PeaceHealth	Occupation CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
_	Full Name (Last, First, Middle Initial) Mr Terry Murphy, FACHE		Date of Receipt
-	Mailing Address 640 South State Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17655944
	Dover	DE 19901-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Bayhealth Medical Center	Occupation Executive Vice President and Chief O	Dp¢
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
Г			1750.00
- 1			

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PA		o conditional and it of the continues.
Full Name (Last, First, Middle Initial) Ms. Deborah L. Watson, FACHE		Date of Receipt
Mailing Address 77 Brynberry Court		1 1 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 17655945
<u>Magnolia</u>	DE 19962-1596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bayhealth Medical Center	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mrs. Bonnie Perratto, MSN, FACHE	1	Date of Receipt
Mailing Address 6 Derbyshire Ct.		1 1 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 17655948
Dover	DE 19904-5746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer Bayhealth Medical Center	Occupation Sr.VP/Chief Nurse Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial) Mr. Joel Beiswenger		Date of Receipt
Mailing Address 415 Jefferson Stree	t North	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17655960
Wadena	MN 56482-1264	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tri-County Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

# SCHEDULE A (FEC Form 3X)

Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne St. NW  City State Zip Code MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mn 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Tother State Zip Code Staint Paul Mn 55114-1052  FEC ID number of contributing federal political committee.  City State Zip Code Tother State Zip Code Tother State Zip Code Tother State Zip Code Tother State Zip Code Staint Paul Mn 55114-1052  FEC ID number of contributing federal political committee.  City State Zip Code Tother State Zip Code Staint Paul Mn 55114-1052  FEC ID number of contributing federal political committee.  City State Zip Code Tother State	eck only one)  11a
Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) ▼ 254.80  Full Name (Last, First, Middle Initial)  Mr. James F Hanko  Mailing Address 1300 Anne St. NW  City State Zip Code MN 56601-5103  FEC ID number of contributing federal political committee.  C  Name of Employer MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼ 525.00  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Aggregate Year-to-Date ▼ 525.00  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C	ne purpose of soliciting contributions contributions from such committee.
Suite 350-S  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. James F Hanko Mailing Address 1300 Anne St. NW  City State Zip Code MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Occupation North Country Regional Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C	Date of Receipt
Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For:  Primary General Other (specify) ▼  PEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Primary General Other (specify) ▼  PEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association  PEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Tother Spital Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Tother Spital Receipt For:  Mailing Address 2550 University Avenue W.  City State Zip Code Tother Spital Receipt Pounder of Contributing federal political committee.  Coccupation No. 55114-1052	1 1 0 2 2 0 0 9 ransaction ID: 17655963
FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For:	Amount of Each Receipt this Period
Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Mr. James F Hanko  Mailing Address 1300 Anne St. NW  City State Zip Code Bemidji MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C	67.30
Primary	
Mr. James F Hanko Mailing Address 1300 Anne St. NW  City State Zip Code Bemidji MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-  Vice President and Chief Executive Officer  Aggregate Year-to-Date ▼  State Zip Code MN 55114-1052  C  Occupation  Vice President Work Force	
City State Zip Code  Bemidji MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital President and Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code The Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-  Vice President Mark Force	Date of Receipt
Bemidji  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul  MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-	11 02 2009
FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-  Vice President and Chief Executive Officer  Aggregate Year-to-Date ▼  State Zip Code MN 55114-1052  C  Occupation Vice President Work Force	ransaction ID: 17655964
Name of Employer North Country Regional Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul  MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-  Vice Precident Model Executive Officer Aggregate Year-to-Date ▼  State Zip Code MN 55114-1052  C  Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Cocupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Cocupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Cocupation  Full Name of Employer Minnesota Hospital Associ-  Vice President Mork Force	Amount of Each Receipt this Period
North Country Regional Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-  Name of Employer Minnesota Hospital Associ-	75.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Richard Kreyer Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Vice President Work Force	
Mr. Richard Kreyer  Mailing Address 2550 University Avenue W.  City State Zip Code  Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-	
City State Zip Code  Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Vice President Work Force	Date of Receipt
Saint Paul  MN 55114-1052  FEC ID number of contributing federal political committee.  C  Name of Employer Minnesota Hospital Associ-  Vice President Work Force	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Associ-  Vice President Work Force	ransaction ID: 17655966
Name of Employer Minnesota Hospital Associ-  Vice President Work Force	Amount of Each Receipt this Period
Minnesota Hospital Associ-	74.02
ation	
Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date  211.49	
SUBTOTAL of Receipts This Page (optional)	216.32

# SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa  Malling Address 2550 University Avenue W.  City State Zip Code Saint Paul MN 55114-1052 FEC ID number of contributing federal political committee.  C.  Name of Employer Minnesotal Hospital Association Receipt For: Perimary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James Morris  Malling Address 301 Second Street Northeast  City State Zip Code New Prague MN 56071-1709 FEC ID number of contributing federal political committee.  C.  C.  City State Zip Code New Prague MN 56071-1709 FEC ID number of contributing federal political committee.  C.  C.  City State Zip Code Aggregate Year-to-Date ▼ Perimary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. James Morris  C.  C.  C.  C.  C.  C.  C.  C.  C.  C		LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Mailing Address 2550 University Avenue W.  City State Zip Code Saint Paul Min 55114-1052  FEC ID number of contributing federal political committee.  C Coupation Receipt For: Primary General Other (specify) ▼  Name of Employer Queen of Peace Hospital  Receipt For: Primary General Other (specify) ▼  Name of Employer Queen of Peace Hospital  Receipt For: Primary General Other (specify) ▼  State Zip Code Min 56071-1709  Transaction ID: 17655980  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17655980  Transaction ID: 17655980  Amount of Each Receipt this Period  Trustee  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 17655980  Trans	or for commercial NAME OF	cial purposes, other than using the COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Saint Paul MN 55114-1052  FEC ID number of contributing rederal political committee.  Name of Employer Minnesotral Hospital Association Receipt For:    Primary   General   General	Mr. Lawrence	ce J Massa	e W.		M M / D D / Y Y Y Y
Name of Employer   Minnesotral Hospital Association   President   Aggregate Year-to-Date ▼		ll		•	Transaction ID: 17655967
Aggregate Year-to-Date ▼    Primary	federal poli	tical committee.			20.00
Mailing Address 301 Second Street Northeast  City State Zip Code New Prague MIN 56071-1709  FEC ID number of contributing federal political committee.  Name of Employer Queen of Péace Hospital Trustee  Receipt For:  Primary General Other (specify) ▼ State Zip Code  Lynchburg State Zip Code  Trustee Primary General Other (specify) ▼ Trustee  FEC ID number of contributing General Other (specify) ▼ State Zip Code  Lynchburg VA 24503-2533  FEII Name (Last, First, Middle Initial)  C State Zip Code  Lynchburg State Zip Code  Lynchburg VA 24503-2533  FEC ID number of contributing federal political committee.  Name of Employer Centra Health Vice President  Receipt For:  Primary General Other (specify) ▼ State Sign State Sig	ation Receipt Fo Prima	r: ary General	Presiden	t e Year-to-Date ▼	
City	Mr. James N	Morris	theast		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Queen of Peace Hospital  Receipt For:  Primary General  Other (specify) ▼  City State Zip Code Lynchburg VA 24503-2533  FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	City		State	Zip Code	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. David Adams  Mailing Address 1045 Ashland Place  City State Zip Code  Lynchburg VA 24503-2533  FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Trustee  Aggregate Year-to-Date ▼  Transaction ID: 17655980  Amount of Each Receipt this Period  350.00	FEC ID nu	mber of contributing		56071-1709	
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Mr. David Adams Mailing Address 1045 Ashland Place  City State Zip Code Lynchburg VA 24503-2533  FEC ID number of contributing federal political committee.  Name of Employer Centra Health Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: 17655980  Amount of Each Receipt this Period  350.00	Name of E Queen of F	mployer Peace Hospital		n	
Mr. David Adams  Mailing Address 1045 Ashland Place  City  State Zip Code Lynchburg  VA 24503-2533  FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Mr M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Prima	ary General	Aggregate	1 1 1 1 1 1 1	]
City Lynchburg  FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For: Primary Other (specify) ▼  State Zip Code VA 24503-2533  Amount of Each Receipt this Period  Transaction ID: 17655980  Amount of Each Receipt this Period  350.00		•			Date of Receipt
Lynchburg  FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  350.00  Amount of Each Receipt this Period  350.00	Mailing Add	dress 1045 Ashland Place			
FEC ID number of contributing federal political committee.  Name of Employer Centra Health  Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   350.00	•			·	
Receipt For: Primary General Other (specify)   Other (specify)	FEC ID nu	mber of contributing		24503-2533	
Primary General Other (specify) ▼ 350.00	Name of El Centra Hea	mployer alth			
620.00	Prima	ary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL	of Receipts This Page (optional)			620.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mr Lewis C Addison  Mailing Address 1920 Atherholt Road	I		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Lynchburg  FEC ID number of contributing federal political committee.	State VA	Zip Code 24501-1104	Transaction ID: 17655981  Amount of Each Receipt this Period  350.00
Name of Employer Centra Health  Receipt For:  Primary General  Other (specify) ▼		n ice President and Chief Final Year-to-Date ▼ 350.00	nc
Full Name (Last, First, Middle Initial) Mr. Rodger H Baker Mailing Address 500 Hospital Drive			Date of Receipt  1 1 0 2 2 0 0 9
City Warrenton  FEC ID number of contributing federal political committee.	State VA	Zip Code 20186-3027	Transaction ID: 17655982  Amount of Each Receipt this Period  350.00
Name of Employer Fauquier Hospital  Receipt For:  Primary General  Other (specify) ▼	<del>'</del>	n t and Chief Executive Officer e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Sean T. Barden Mailing Address 11422 Bluff's Ridge			Date of Receipt
City Spotsylvania FEC ID number of contributing federal political committee.	State VA	Zip Code 22551-8915	1 1 0 2 2 0 0 9  Transaction ID: 17655987  Amount of Each Receipt this Period  350.00
Name of Employer Medicorp Health System  Receipt For:  Primary General Other (specify) ▼	Occupatio EVP/CF0 Aggregate		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b></b>	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor are name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Larry L. Boyles		Date of Receipt
Mailing Address 306 Marl Ravine Roa	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17656025
Yorktown	VA 23692-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Health System	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Gene Burke, , M.D.	. <b>L</b>	Date of Receipt
Mailing Address 600 Gresham Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17656032
Norfolk	VA 23507-1999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Norfolk General Hospital	Occupation Vice President Medical Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Joseph Butz	_ <b>L</b>	Date of Receipt
Mailing Address 919 Graydon Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17656033
Norfolk	VA 23507-1207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Norfolk General Hospital	Occupation VP Cardiac/Transplant Ser	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	·····	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	llas sanarata sahadula(s)	FOR LINE NUMBER: PAGE 14 / 144 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person to name and address of any political committee to so	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Christine M. Candio  Mailing Address 501 Holland Lane #1109  City	State Zip Code	Date of Receipt    M
Alexandria  FEC ID number of contributing federal political committee.	VA 22314-3553	Amount of Each Receipt this Period  350.00
Name of Employer Inova Health System  Receipt For:  Primary General  Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Mr. Patrick L. Christiansen Mailing Address 8377 Pedigrue Ct		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17656105
Gainesville	VA 20155-3240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Administrator - Heart and Vascular Ins	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Ben Clark		Date of Receipt
Mailing Address 1920 Atherholt Road		M M / D D / Y Y Y Y Y Y 1 1 1 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 17656106
Lynchburg  FEC ID number of contributing federal political committee.	VA 24501-1104	Amount of Each Receipt this Period 350.00
Name of Employer Centra Health	Occupation Vice President and Chief Information O	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
OUDTOTAL of Descripts This Descriptionally		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may no name and addres	ot be sold or used by any persons of any political committee to	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr Craig Connors			Date of Receipt
Mailing Address 6020 Allegaheny Rd			11 02 2009
City	State	Zip Code	Transaction ID: 17656108
Williamsburg	VA	23188-7370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Riverside Health System	Occupation Trustee		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Ruth Dyster			Date of Receipt
Mailing Address 1034 Towlson Rd			M M / D D / Y Y Y Y Y Y Y Y 1 1 1 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 17657475
McLean	VA	22102-1111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Virginia Hospital Center - Arlington	Occupation Director		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Barry Gross			Date of Receipt
Mailing Address 1602 York River Drive			11 02 7 2009
City	State	Zip Code	Transaction ID: 17657942
Gloucester Point	VA	23062-2511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Riverside Health System	Occupation Hospital Ad	ministrator	
Receipt For: Primary General Other (specify)		ear-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1050.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 144 (check only one)  X 11a 11b 11c 12
Annihilation action accident to the second of the second o	Otatawa ara'	, ,	13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Dr. Joanne Gutliph, MD			Date of Receipt
Mailing Address 7965 Valderrama Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17657943
Gainesville	VA	20155-2825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Prince William Hospital	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Ms. Shirley Holland			Date of Receipt
Mailing Address 161 Lila Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17658274
Boones Mill	VA	24065-3749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Carilion Clinic	Occupation Vice Pres		
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas C. Jividen			Date of Receipt
Mailing Address 2713 Greenhill Avenu	e		11 / 02 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17658448
Lynchburg	VA	24503-2923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Centra Health	Occupation Senior Vi	n ce President	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		350.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and strong reports for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr Michael King Mailing Address 4271 Brown Roan Ln		Date of Receipt
		Chata 7'a Cada	11 02 2009
	City Harrisonburg	State Zip Code VA 22801-8310	Transaction ID: 17681684  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Rockingham Memorial Hospi- tal	Occupation SVP/Finance & VFO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
- s.	Full Name (Last, First, Middle Initial) Dr. David Levin, MD.  Mailing Address 1476 Bridge Point Tra	il	Date of Receipt
			11 02 2009
	City Suffolk	State Zip Code VA 23432-1320	Transaction ID: 17681686
	FEC ID number of contributing federal political committee.	C 25452-1320	Amount of Each Receipt this Period  350.00
	Name of Employer Sentara Healthcare	Occupation Vice President Medical Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. Rob Lockridge	•	Date of Receipt
	Mailing Address 14304 Horseshoe Ford Rd		11 02 2009
	City	State Zip Code	Transaction ID: 17681687
	Ashland FEC ID number of contributing federal political committee.	VA 23005-3163	Amount of Each Receipt this Period  350.00
	Name of Employer University of Virginia Me- dical Center	Occupation Director, Government Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
			1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S	·	n for the purpose of coliciting contributions
or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Ms James Lesnick		Date of Receipt
Mailing Address 629 Fairfax Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681688
Williamsburg	VA 23185-8204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Health System	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms Dana Lovecchio		Date of Receipt
Mailing Address 103 South Cove Rd		11 02 2009
City	State Zip Code	Transaction ID: 17681689
Williamsburg	VA 23188-9325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Health System	Occupation V/P Construction	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Susan MacLeod		Date of Receipt
Mailing Address 700 Surfside Ave		1 1 0 2 2 0 0 9
City Virginia Beach	State Zip Code VA 23451-3677	Transaction ID: 17681690  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Maryview Medical Center	Occupation Executive Vice President	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<b> </b>	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category o	of the
I EIGHEED HEOCH 10	Detailed Summary	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms Bonnie Marabella		Date of Receipt
Mailing Address 8650 Sudley Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681692
Manassas	VA 20110-4419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Prince William Hospital	Occupation Admin Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	25	50.00
Full Name (Last, First, Middle Initial) Mr. Mark R Stoddard		Date of Receipt
Mailing Address 48 West 1500 North		11 03 2009
City	State Zip Code	Transaction ID: 17681719
<u>Nephi</u>	UT 84648-8900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Central Valley Medical Ce- nter	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Mr. Richard J Pearce	. <b>L</b>	Date of Receipt
Mailing Address 701 Town Center Dr,	Ste 1000	11 02 2009
City	State Zip Code	Transaction ID: 17681722
Newport News	VA 23606-4286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Health System	Occupation President and Chief Executi	ve Officer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	38	50.00
SUBTOTAL of Receipts This Page (optional)		1100.00

Date of Receipt    Mark Mark Mark Mark Mark Mark Mark Mark
1 1 0 2 2 0 0 9  Transaction ID: 17681724
1 1 0 2 2 0 0 9  Transaction ID: 17681724
1 1 0 2 2 0 0 9  Transaction ID: 17681724
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3-2222 Amount of Each Receipt this Pariod
Amount of Lacif Heceipt this Fellod
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350.00
Date of Receipt
1 1 0 2 2 0 0 9
ode Transaction ID: 17681730
9-8529 Amount of Each Receipt this Period
350.00
ate V
350.00
Date of Receipt
Date of Receipt
Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each catego Detailed Summ	ry of the X 11a 11b 11c 12 ary Page 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	g the name and address of any politica	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Katherine Reeves  Mailing Address 10175 Bevoir Drive	3	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681734
Fort Belvoir	VA 22060-2119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
Full Name (Last, First, Middle Initial) Mr Xavier Richardson		Date of Receipt
Mailing Address 8121 Lee Jackson		11 02 7 2009
City	State Zip Code	Transaction ID: 17681735
Spotsylvania  FEC ID number of contributing federal political committee.	VA 22553-3819	Amount of Each Receipt this Period  350.00
Name of Employer Medicorp Health System	Occupation Vice President Corporate	Development
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
Full Name (Last, First, Middle Initial) Ms. Renee K Rountree		Date of Receipt
Mailing Address 245 Chesapeake A	venue	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newport News	State         Zip Code           VA         23607-6038	Transaction ID: 17681736  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Rehabilitation Institute	Occupation Vice President and Admi	nistrator
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
SUBTOTAL of Receipts This Page (options	al)	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John T Stanley		Date of Receipt
Mailing Address 128 Loblolly Dr.		11 02 2009
City	State Zip Code	Transaction ID: 17681748
Yorktown	VA 23692-4253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Riverside Health System	Occupation Vice President Planning and Informati	0
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr Todd Stottlemyer		Date of Receipt
Mailing Address 12518 Nathaniel Oaks	Dr	M M / D D / Y Y Y Y Y Y Y 1 1 1 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 17681749
<u>Herndon</u>	VA 20171-1731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Executive Vice President	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Emory W. Tibbs, Jr.		Date of Receipt
Mailing Address Belleview Ave. at Jeffer	rson Street	1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681753
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Trustee	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	······	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 144 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Andrew P. Weddle Mailing Address 2708 Sandy Valley City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer Sentara Bayside Hospital	State Zip Code VA 23452-7751  C Occupation Vice President, Revenue Cycle	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Reginald J. Lavoie  Mailing Address Swiftwater Road		Date of Receipt  1 1 0 3 2 0 0 9
City	State Zip Code	Transaction ID: 17681773
Woodsville	NH 03785-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cottage Hospital	Occupation Administrator	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Frank G McDougall		Date of Receipt
Mailing Address One Medical Center	er Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681774
Lebanon  FEC ID number of contributing federal political committee.	NH 03756-0001	Amount of Each Receipt this Period  350.00
Name of Employer Dartmouth-Hitchcock Medic- al Center Receipt For: Primary General	Occupation Vice President, Government Relations Aggregate Year-to-Date ▼	S
Other (specify) ▼	350.00	
OUDTOTAL (CD. ) : T' : D. ( )	al)	950.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. Scott W Howe		Date of Receipt
	Mailing Address 173 Middle Street  City	State Zip Code	1 1 0 3 2 0 0 9 Transaction ID: 17681775
	Lancaster	NH 03584-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Weeks Medical Center	Occupation Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Donald L Shumway Mailing Address 1 Verney Drive		Date of Receipt
			11 03 2009
	City	State Zip Code	Transaction ID: 17681776
	Greenfield  FEC ID number of contributing federal political committee.	NH 03047-5000	Amount of Each Receipt this Period  350.00
	Name of Employer Crotched Mountain Rehabil- itation Cente	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Ms. Deanna S. Howard		Date of Receipt
	Mailing Address 5 Paine Road		11 03 7 9 9
	City	State Zip Code	Transaction ID: 17681777
	<u>Etna</u>	NH 03750-4508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation Director, Regional Program Developn	nent
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Stephanie Wolf-Rosenblum, , M.D.  Mailing Address P O Box 2014		Date of Receipt
	71.0	11 03 2009
City Nashua	State Zip Code NH 03061-2014	Transaction ID: 17681779
FEC ID number of contributing federal political committee.	C 03001-2014	Amount of Each Receipt this Period 350.00
Name of Employer Southern New Hampshire Medical Center Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President Medical Affairs  Aggregate Year-to-Date   350.00	_
Full Name (Last, First, Middle Initial) Ms. Paula Minnehan		Date of Receipt
Mailing Address 283 Gallopiny Hill F	Road	11 03 7 9 9
City	State Zip Code	Transaction ID: 17681780
<u>Hopkinton</u>	NH 03229-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer New Hampshire Hospital As- sociation	Occupation V.P., Finance and Rural Hospitals	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Robert J Heckert, , Jr.		Date of Receipt
Mailing Address 2669 North Scenic	Drive	11 04 YYYYY 2009
City <u>Alamogordo</u>	State Zip Code NM 88310-8700	Transaction ID: 17681783  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Gerald Champion Regional Medical Cente	Occupation Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	il)	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 144 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr John G Albert, FACHE		Date of Receipt
Mailing Address 28 Hawtorne Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17681786
Windham	NH 03087-1565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kindred Hospital Northeas-	Occupation Executive Director	
t-Stoughton .  Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Kenneth Boyd, , Jr.	.1	Date of Receipt
Mailing Address 302 North Hospital D	rive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682098
Girard	KS 66743-2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Girard Medical Center	Occupation Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John R. Broberg	<u> </u>	Date of Receipt
Mailing Address 1020 Parkshire Cir		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682101
Manhattan	KS 66503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Regional Health Cen- ter	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 144 (check only one)    X
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	ı PAC	
Full Name (Last, First, Middle Initial) Mr. Robert L Driewer, , CHE		Date of Receipt
Mailing Address 1201 West 12		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682127
<u>Emporia</u>	KS 66801-2504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Newman Regional Health	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Dennis L George		Date of Receipt
Mailing Address P O Box 189		11 04 2009
City	State Zip Code	Transaction ID: 17682139
Burlington	KS 66839-0189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Coffey County Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D.		Date of Receipt
Mailing Address P O Box 8100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682168
<u>Hays</u>	KS 67601-8100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hays Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (o	ptional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 144 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Ms. Jackie John  Mailing Address Post Office Box 500	6		Date of Receipt
City Phillipsburg FEC ID number of contributing	State KS	Zip Code 67661-0506	Transaction ID: 17682169  Amount of Each Receipt this Period  250.00
Name of Employer Great Plains Health Allia- nce, Inc. Receipt For: Primary General Other (specify)	Occupation Senior V	n ice President • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mrs. Laurie Labarca Mailing Address 8242 E. Greenbrian	· Ct.		Date of Receipt  1 1 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: 17682173
Wichita  FEC ID number of contributing federal political committee.	C	67226-1807	Amount of Each Receipt this Period  125.00
Name of Employer Via Christi Rehabilitation Center Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		erating Officer Year-to-Date  250.00	]
Full Name (Last, First, Middle Initial) Kenneth Lindsey			Date of Receipt
Mailing Address 1100 Fairway Drive	e		11 04 2009
City	State KS	Zip Code	Transaction ID: 17682176
Hays  FEC ID number of contributing federal political committee.	C	67601-4710	Amount of Each Receipt this Period  25.00
Name of Employer Hays Medical Center	Occupation Chief Me	n dical Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 202.50	
SUBTOTAL of Receipts This Page (optional	al)		400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	X         11a         11b         15         16         17           for the purpose of soliciting contributions
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky Mailing Address 14607 W 89		Date of Receipt  1 1 0 4 2 0 0 9
City	State Zip Code	Transaction ID: 17682178
<u>Lenexa</u>	KS 66215-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	165.00
Name of Employer Kansas Hospital Association Receipt For:  Primary General  Other (specify) ▼	Occupation Senior Vice President  Aggregate Year-to-Date ▼  471.26	
Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer		Date of Receipt
Mailing Address 325 Maine Street		1 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682190
Lawrence	KS 66044-1360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lawrence Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Bob Page		Date of Receipt
Mailing Address 3901 Rainbow Boul	evard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kansas City	State Zip Code KS 66160-0001	Transaction ID: 17682208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer The University of Kansas Hospital	Occupation Chief Executive Officer	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	765.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John C. Peterson		Date of Receipt
Mailing Address 2841 SW Plass Ave	nue	M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 0 9
City	State Zip Code	Transaction ID: 17682214
Topeka	KS 66611-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kansas Hospital Associati-	Occupation Administrator	
on Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta		Date of Receipt
Mailing Address 25 Huntington St.		M M / D D / Y Y Y Y Y Y Y 1 1 1 0 4 2 0 0 9
City	State Zip Code	Transaction ID: 17682220
Eastborough	KS 67206-2047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Via Christi Health System	Occupation Vice President Mission Integration	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud		Date of Receipt
Mailing Address 7 Ivanhoe Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17682534
Topsham	ME 04086-6109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Maine Hospital Association	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	io namo uno udon	occ of any pointed committee to	CONTROL TO THOM COOK SOMMITTEES.
Full Name (Last, First, Middle Initial)  A. Ms. Heather Drevna			Date of Receipt
Mailing Address 3205 Ravensworth PL	L		11 05 2009
City	State	Zip Code	Transaction ID: 17687302
Alexandria	VA	22302-2107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer American Hospital Associa- tion-Washingt		dvocacy and Member Com	munica
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Ms. JoAnn Birdzell	•		Date of Receipt
Mailing Address 4321 Fir Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17687735
East Chicago	IN	46312-3049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Catherine Hospital	Occupation President	and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Blake A Dye			Date of Receipt
Mailing Address P O Box 490			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17687775
New Castle  FEC ID number of contributing federal political committee.	C	47362-0490	Amount of Each Receipt this Period  500.00
Name of Employer Henry County Hospital	Occupation President	and Chief Executive Officer	
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional) .	1		1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 144 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Timothy A Flesch		Date of Receipt
Mailing Address 7355 Parkridge Driv	ve	11 05 2009
City	State Zip Code	Transaction ID: 17687782
Newburgh	IN 47630-1832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Mary's Medical Center	Occupation	]
of Evansvill Receipt For:	President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Lee Marchant		Date of Receipt
Mailing Address 3818 Devonshire La	ane	11 05 2009
City	State Zip Code	Transaction ID: 17687813
Bloomington	IN 47408-9657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Bloomington Hospital	Occupation Board Member	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial) Mr. Gary A Meyer		Date of Receipt
Mailing Address P O Box 2349		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code IN 47274-5000	Transaction ID: 17687818
Seymour  EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Schneck Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 33 / 144  (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark E Moore Mailing Address P O Box 1149		Date of Receipt
	7: 0.1	11 05 2009
City Bloomington	State Zip Code IN 47402-1149	Transaction ID: 17687822  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bloomington Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Linda E White		Date of Receipt
Mailing Address 600 Mary Street		1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17687866
Evansville  FEC ID number of contributing federal political committee.	IN 47747-0001	Amount of Each Receipt this Period 500.00
Name of Employer Deaconess Health System	Occupation President and Chief Executive Officer	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James L Brexler		Date of Receipt
Mailing Address 975 East Third Stree	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17687975
Chattanooga	TN 37403-2163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Erlanger Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 144  (check only one)  X 11a 11b 11c 12  13 14 15 16 17  for the purpose of soliciting contributions
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PA	g the name and address of any political committee to s	iolicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr Gregory M. Duckett  Mailing Address 350 North Humphr		Date of Receipt
<u> </u>		11 05 2009
City Memphis	State Zip Code TN 38120-2177	Transaction ID: 17687976
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Baptist Memorial Health Care Corporati Receipt For:  Primary  General  Other (specify) ▼	Occupation Senior Vice President/ Corporate Cour Aggregate Year-to-Date   500.00	ns -
Full Name (Last, First, Middle Initial)  Mr. Bernard L Mattingly		Date of Receipt
Mailing Address P O Box 340		1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17687978
Cookeville	TN 38503-0340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Cookeville Regional Medic- al Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Curtis Reynolds		Date of Receipt
Mailing Address 350 North Humphr	reys Boulevard	1 1 0 5 2 0 0 9
City <u>Memphis</u>	State Zip Code TN 38120-2177	Transaction ID: 17687979  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Memorial Health Care Corporati	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1350.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles H Whitfield, , Jr. Mailing Address 1420 Tusculum Boule  City Greeneville  FEC ID number of contributing federal political committee.	vard State Zip Code TN 37745-5825	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Laughlin Memorial Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation President and Chief Executive Offic  Aggregate Year-to-Date ▼  485.00	er
Full Name (Last, First, Middle Initial) Ms Charlesetta Woodard-Thompson Mailing Address 975 East Third Street		Date of Receipt  1 1 0 5 2 0 0 9
City	State Zip Code	Transaction ID: 17687986
Chattanooga  FEC ID number of contributing federal political committee.	TN 37403-2163	Amount of Each Receipt this Period 500.00
Name of Employer Erlanger Health System	Occupation Executive Vice President and COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James A. Cruickshank		Date of Receipt
Mailing Address 2260 Wrightsboro Roa	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17688035
Augusta  FEC ID number of contributing federal political committee.	GA 30904-4764	Amount of Each Receipt this Period 250.00
Name of Employer Trinity Hospital of Augus- ta	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1235.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 144  (check only one)    X
Any information copied from such Heports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	rior the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ken D Haynes  Mailing Address One St Joseph Drive		Date of Receipt  1 1 0 6 2 0 0 9
City	State Zip Code	Transaction ID: 17693123
Lexington	KY 40504-3754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Saint Joseph Hospital	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Henry D Lipman		Date of Receipt
Mailing Address 179 Sara Circle		11 06 7 9 9
City	State Zip Code	Transaction ID: 17693126
Laconia	NH 03246-3069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LRGHealthcare	Occupation Executive Vice President and Chief Fire	<u>1</u>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Julie Quirin		Date of Receipt
Mailing Address 4401 Wornall Road		11 06 2009
City Kansas City	State Zip Code MO 64111-3220	Transaction ID: 17693128  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Saint Luke's Hospital of Kansas City	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	)	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John M Fraser		Date of Receipt
Mailing Address 24608 Jones Cir	7.01	111 10 2009
City Waterloo	State Zip Code NE 68069-2049	Transaction ID: 17695963  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Nebraska Methodist Health System, Inc. Receipt For:  Primary  General  Other (specify) ▼	Occupation President and Chief Executive Officer  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Mr Vincent Capece		Date of Receipt
Mailing Address 28 Crescent Street		1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 17697956
Middletown	CT 06457-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Middlesex Hospital	Occupation Vice President Finance and Treasurer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Susan L Davis, , R.N., Ed		Date of Receipt
Mailing Address 2800 Main Street		1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 17697957
Bridgeport  FEC ID number of contributing federal political committee.	CT 06606-4201	Amount of Each Receipt this Period 500.00
Name of Employer St. Vincent's Medical Cen- ter	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Brian Fillipo, MD		Date of Receipt
Mailing Address 6192 Moores Creek		M M / D D / Y Y Y Y Y Y 1 1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 17697964
Summerfield	NC 27358-8285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso-	Occupation	7
ciation	Vice President, Quality and Patient Sa	a
Receipt For:  Primary General	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Gary Campbell		Date of Receipt
Mailing Address 188 Inverness Drive W	est #500	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17700580
Englewood	CO 80112-5204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centura Health	Occupation CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steve Dickson		Date of Receipt
Mailing Address P.O. Box 1909		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17700601
Madison	MS 39130-1909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	666.73
Name of Employer Mississippi Hospital Asso- ciation	Occupation President/CEO, Stratagem, Inc.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.73	
SUBTOTAL of Receipts This Page (optional)		1416.73

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	)	
Full Name (Last, First, Middle Initial)  Mr. Richard G Hilton		Date of Receipt
Mailing Address Drawer 1506		11 1 10 2009
City Starkville	State Zip Code MS 39760-1506	Transaction ID: 17700716  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Oktibbeha County Hospital	Occupation Associate Administrator and Chief Fir	na
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Steve Lesley		Date of Receipt
Mailing Address 116 Woodgreen Cro	ossing	11 10 2009
City Madison	State Zip Code MS 39130-1909	Transaction ID: 17700722
FEC ID number of contributing federal political committee.	MS 39130-1909	Amount of Each Receipt this Period  23.34
Name of Employer Mississippi Hospital Asso- ciation	Occupation Director of Data Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 267.38	
Full Name (Last, First, Middle Initial) Mr Edward Tucker		Date of Receipt
Mailing Address P O Box 16389		1 1 1 1 0 2 0 0 9
City Hattiesburg	State Zip Code MS 39404-6389	Transaction ID: 17700729
FEC ID number of contributing federal political committee.	C 39404-0309	Amount of Each Receipt this Period 500.00
Name of Employer Forrest General Hospital	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	623.34
TOTAL This Period (last page this line numl		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak Mailing Address 9326 Perglen Road  City Baltimore	State Zip Code MD 21236-1628	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Maryland Hospital Association  Receipt For:  Primary General  Other (specify)	Occupation Sr. Vice President & CFO  Aggregate Year-to-Date ▼  550.00	550.00
Full Name (Last, First, Middle Initial) Mr. David P. Foley Mailing Address 6820 Deerpath Road City Elkridge	State Zip Code MD 21075-6200	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Maryland Hospital Association  Receipt For:  Primary General  Other (specify)	Occupation Vice President  Aggregate Year-to-Date   550.00	550.00
Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller Mailing Address 6820 Deerpath Road City	State Zip Code	Date of Receipt  1 1 1 1 0 2 0 0 9  Transaction ID: 17700740
Elkridge  FEC ID number of contributing federal political committee.	MD 21075-6234	Amount of Each Receipt this Period 750.00
Name of Employer Maryland Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation V.P., Professional Activities  Aggregate Year-to-Date ▼  750.00	
SUBTOTAL of Receipts This Page (optional	)	1850.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 144 (check only one)    X
or for commercial NAME OF	n copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) n Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Denise  Mailing Add  City  Nottingha	dress 4423 Necker Avenue	State MD	Zip Code 21236-2968	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Endaryland Hiton Receipt Fo			n sident, Government Relation • Year-to-Date ▼ 750.00	750.00
Mr. G. Frani Mailing Add City Baltimore	dress 3606 Hallmark Court	State MD	Zip Code 21234-4823	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of E Maryland H tion Receipt Fo	r:	Occupation Vice Pres Aggregate		750.00
Mark S Rull Mailing Add		Ctoto	7:n Code	Date of Receipt  1 1 1 0 2 0 0 9
	wn mber of contributing tical committee.	State MD	Zip Code 21742-3339	Transaction ID: 17700743  Amount of Each Receipt this Period  750.00
tion Receipt Fo Prima		Occupation President Aggregate		
SUBTOTAL	of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 42/144   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Michael B Robbins			Date of Receipt
Mailing Address P.O. Box 8207			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Elkridge	State MD	Zip Code 21075-8207	Transaction ID: 17700744  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Maryland Hospital Associa- tion	Occupation Senior Vi	n ice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley			Date of Receipt
Mailing Address 2100 Poplar Ridge	Road		11 10 2009
City Pasadena	State MD	Zip Code 21122-3820	Transaction ID: 17700745
FEC ID number of contributing federal political committee.	C	21122-3020	Amount of Each Receipt this Period 750.00
Name of Employer Maryland Hospital Associa- tion	Occupation Assistant	n t Vice President	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. James O'Loughlin			Date of Receipt
Mailing Address P O Box 100550			M M / D D / Y Y Y Y Y Y 1 1 1 1 1 2 0 0 9
City Florence	State SC	Zip Code 29501-0550	Transaction ID: 17700834  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	29301-0330	250.00
Name of Employer Carolinas Hospital System	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			2500.00

Mailing Address 1318 Sunnyhill Drive  City State Zip Code Camden SC 29020-1597  FEC ID number of contributing federal political committee.  Name of Employer Kershaw County Medical Center Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Primary General State Zip Code Transaction ID: 17700835  Amount of Each Receipt this Period  250.00  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE (check only one)  X 11a 11b 11c 11c 13	12 16 17
American Hospital Association PAC  Full Name (Last, First, Middle Initial) Liea Van Dam Mailing Address 1318 Sunnyhill Drive  City State Zip Code SC 29020-1597  FEC ID number of contributing federal political committee.  Name of Employee Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Susurt Smith Mailing Address 169 Ashley Avenue  City State Zip Code Nursing Director  Receipt For: Primary General Other (specify) ▼  Full Name of Employee MidSc Medical Centributing federal political committee.  Name of Employee Receipt Other of Medical Centributing federal political committee.  Name of Employee MidSc Medical Centributing federal political committee.  Name of Employee Receipt MidSc Medical Centre of Medical Centre o	Any information copi or for commercial pu	ed from such Reports and Sturposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contr solicit contributions from such com	ibutions mittee.
Lisa Van Dam  Mailing Address 1318 Sunnyhill Drive  City State Zip Code SC 29020-1597  FEC ID number of contributing federal political committee.  C   Camber   Cambridge   C   Cambridge   Cambridge	\	, ,				
City Camden SC 29020-1597  FEC ID number of contributing federal political committee.  Name of Employer Kershaw County Medical Center Receipt For: Primary General Other (specify) ▼  State Zip Code SC 29425-8905  Full Name (Last, First, Middle Initial) Mr. Stuart Smith Mailing Address 169 Ashley Avenue  City State Zip Code SC 29425-8905  FEC ID number of contributing federal political committee.  City State Zip Code SC 29425-8905  FEC ID number of contributing federal political committee.  City Primary General Other (specify) ▼  Cocupation Vice President Clinical Operations Raceipt For: Primary General Other (specify) ▼  State Zip Code SC 29455-3108  FULL Name (Last, First, Middle Initial) Mr. Doughas Bowling Mailing Address 2509 Watercrest Lane  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  City Johns Island SC 29455-3108  FEC ID number of contributing federal political	, ,	First, Middle Initial)			Date of Receipt	
SC 29020-1597  FEC ID number of contributing federal political committee.  Name of Employer Kershaw County Medical Center of Receipt Other (specify) ▼  Full Name (Last, First, Middle Initial)  Misbuard Smith Mailing Address 169 Ashley Avenue  City State Zip Code SC 29425-8905  FEC ID number of contributing federal political committee.  Name of Employer MUSC Medical Center of Medical Univers  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700837  Transaction ID: 17700837  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Transaction ID: 17700837  Amount of Each Receipt Inis Period  Date of Receipt  Transaction ID: 17700837  Transaction		1318 Sunnyhill Drive			11 11	2009
FEC ID number of contributing federal political committee.    Name of Employer Reprise Primary   General   Other (specify) ▼   Other (specify) ▼   Other (specify) ▼   Other (specify) ▼   Occupation				·		<b>D</b> · ·
Name of Employer Receipt For:    Primary   General   General     Other (specify) ▼	FEC ID number of			29020-1597		1 1 1
Receipt For:					_	
Tull Name (Last, First, Middle Initial)  Mr. Stuart Smith  Mailing Address 169 Ashley Avenue  City  Charleston  FEC ID number of contributing federal political committee.  Name of Employer  Other (specify) ▼  State  Zip Code  SC  29425-8905  FEC ID number of contributing federal political committee.  C  Cocupation  Vice President Clinical Operations  Receipt For:  Primary  General  City  State  Zip Code  S00.00  Cocupation  Vice President Clinical Operations  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  FULL Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700837  Transaction ID: 17700837  Amount of Each Receipt this Period  FULL Name (Last, First, Middle Initial)  C  City  State  Zip Code  SC  29455-3108  FEC ID number of contributing federal political committee.  C  Cocupation  Vice President of System Development  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  1000.00	nter	ivieuicai Ge-			_	
Mr. Stuart Smith  Mailing Address 169 Ashley Avenue  City State Zip Code Charleston SC 29425-8905  FEC ID number of contributing federal political committee.  Name of Employer MUSC Medical Center of Medical Univers Receipt For: Primary General Other (specify) ▼  State Zip Code Charleston ID: 17700836  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  Date of Receipt  Mi	,			250.00		
City State Zip Code Charleston SC 29425-8905  FEC ID number of contributing federal political committee.  Name of Employer MUSC Medical Center of Medical Univers Receipt For: Primary General City State Zip Code Vice President Clinical Operations Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 17700836  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial)  Mr. Douglas Bowling Mailing Address 2509 Watercrest Lane City State Zip Code Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Name of Employer Roper Hospital  Occupation Vice President of System Development  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	, -	First, Middle Initial)			Date of Receipt	
Charleston  SC 29425-8905  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Roper House of Medical Center of Medical Univers  Full Name (Last, First, Middle Initial)  Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane  City State Zip Code SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For:  Primary General  Other (specify) ▼  Cocupation  Vice President Clinical Operations  Aggregate Year-to-Date ▼  1 1 1 2 0 0 9  Transaction ID: 17700837  Amount of Each Receipt this Period  Date of Receipt  Mr. Douglas Bowling  Transaction ID: 17700837  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Cocupation  Vice President of System Development  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00		169 Ashley Avenue			M M / D D / Y	
FEC ID number of contributing federal political committee.  Name of Employer MUSC Medical Center of Medical Univers Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane  City State Zip Code SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Name of Employer Receipt For:  Primary General Occupation  Vice President of System Development  Aggregate Year-to-Date ▼  Transaction ID: 17700837  Amount of Each Receipt this Period  Soc 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	City		State	Zip Code	Transaction ID: 17700836	
Name of Employer MUSC Medical Center of Medical Univers Receipt For:    Primary	<u>Charleston</u>		SC	29425-8905	Amount of Each Receipt this	Period
MUSC Medical Center of Medical Univers Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane  City State Zip Code SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For:  Primary General Occupation  Vice President of System Development  Aggregate Year-to-Date ▼  Transaction ID: 17700837  Amount of Each Receipt this Period  C 500.00			C			500.00
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Douglas Bowling Mailing Address 2509 Watercrest Lane  City State Zip Code Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  11000.00	MUSC Medical C	er Center of Me-				
Tull Name (Last, First, Middle Initial)  Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane  City  Johns Island  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Name of Employer Roper Hospital  Receipt For:  Primary  General  Other (specify) ▼  State Zip Code  29455-3108  C  Transaction ID: 17700837  Amount of Each Receipt this Period  500.00			Aggregate	Year-to-Date ▼		
Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane  City State Zip Code  Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				500.00		
City State Zip Code  Johns Island SC 29455-3108  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For:  Primary General  Other (specify) ▼  State Zip Code  Transaction ID: 17700837  Amount of Each Receipt this Period  500.00  Aggregate Year-to-Date ▼  1.1 1.1 1.1 2.00.9  Transaction ID: 17700837  Amount of Each Receipt this Period  500.00	, .				Date of Receipt	
Johns Island  SC 29455-3108  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Nice President of System Development  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	Mailing Address	2509 Watercrest Lane				
FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   1000.00	•			Zip Code	Transaction ID: 17700837	
Name of Employer Roper Hospital  Receipt For:  Primary  Other (specify) ▼  Occupation Vice President of System Development  Aggregate Year-to-Date ▼  1000.00	<u>Johns Island</u>		<u>SC</u>	29455-3108	Amount of Each Receipt this	Period
Roper Hospital  Vice President of System Development  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00			C			500.00
Primary General Other (specify) ▼ 1000.00	Name of Employe Roper Hospital	er			nt	
Other (specify) ▼ 1000.00			Aggregate	Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)	,			1000.00		
SUBTUTAL of Receipts Trils Page (optional)	CURTOTAL	points This David (and the D			12	250.00
	SUBTOTAL of Rec	ceipts This Page (optional)		·······		

ΙΤ	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
OI	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Ms. Ellen Jackson Brown  Mailing Address 316 Calhoun Street			Date of Receipt  1 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 17700838
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupatio VP, Man	n aged Care & Physician Serv	ic <del>e</del> s
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Allen P Carroll			Date of Receipt
	Mailing Address 2095 Henry Tecklenbur	g Drive		11 / 11 / 2009
	City	State	Zip Code	Transaction ID: 17700841
	Charleston	SC	29414-5733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Roper Hospital	Occupatio Administ		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
 С.	Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE			Date of Receipt
	Mailing Address 125 Doughty Street Suite 760			M M / D D / Y Y Y Y Y Y 1 1 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 17700842
	Charleston	SC	29403-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer Roper St. Francis Healthc- are	Occupatio Presiden	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2250.00	
	SUBTOTAL of Receipts This Page (optional)		<b>\</b>	2250.00
	OTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Beneats	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 45 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	ng the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George T. Edwards		Date of Receipt
Mailing Address 787 Shell Island C	Circle	11 11 2009
City	State Zip Code	Transaction ID: 17700843
Charleston	SC 29412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation Director of Legal Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Rev Terence K Fleming		Date of Receipt
Mailing Address PO Box 357		M M / D D / Y Y Y Y Y 1 1 1 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 17700844
Folly Beach	SC 29439-0357	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation VP for Mission	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Doug Harrison	I	Date of Receipt
Mailing Address 1574 Fiddlers Mai	rsh Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17700845
Mt Pleasant	SC 29464-4286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation Vice President, Human Resources	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descints This Desc (antice	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 144 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PA  Full Name (Last, First, Middle Initial)			1
Ms. Lisa Irvin			Date of Receipt
Mailing Address 159 Harbour Watch	h Way		11 1 1 2009
City Mount Pleasant	State SC	Zip Code 29464-2827	Transaction ID: 17700855  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20707 2027	250.00
Name of Employer Roper Hospital	Occupation VP of Nu		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr Bret Johnson			Date of Receipt
Mailing Address 316 Calhoun Stree	t		11 1 1 2009
City	State SC	Zip Code	Transaction ID: 17700856
Charleston  FEC ID number of contributing federal political committee.	C	29401-1113	Amount of Each Receipt this Period  500.00
Name of Employer Roper Hospital	Occupation Chief Fin	n ancial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J Severance			Date of Receipt
Mailing Address 316 Calhoun Stree	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17700857
Charleston  FEC ID number of contributing federal political committee.	SC	29401-1113	Amount of Each Receipt this Period  500.00
Name of Employer Roper Hospital	Occupation Chief Exe	n ecutive Officer	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personenents may not be sold or used by any personenenenenenenenenenenenenenenenenenene	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, , M.D. Mailing Address 316 Calhoun Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1113  C  Occupation Vice President for Medical Affairs  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Sullivan Mailing Address 316 Calhoun Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1113  C Occupation CEO, Mt. Pleasant Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Taylor  Mailing Address 316 Calhoun Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1125  C  Occupation Chief Information Officer  Aggregate Year-to-Date  750.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Camiella S Patterson Mailing Address 103 Ashford Place			Date of Receipt
City  Greenwood  FEC ID number of contributing	State SC	Zip Code 29646-9268	Transaction ID: 17700864  Amount of Each Receipt this Period  250.00
Name of Employer Self Regional Healthcare  Receipt For:	Occupation CFO Aggregate	n e Year-to-Date ▼	230.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Craig White	0 0	250.00	Date of Receipt
Mailing Address 503 Lodge Drive	01-1-	7'- 0-4-	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenwood	State SC	Zip Code 29646-1919	Transaction ID: 17700865
FEC ID number of contributing federal political committee.	C	23040*1919	Amount of Each Receipt this Period  250.00
Name of Employer Self Regional Healthcare	Occupation VP Found	n dation/Compliance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby	<b>'</b>		Date of Receipt
Mailing Address 1000 Center Point Ro	oad		11 11 2009
City	State	Zip Code	Transaction ID: 17700866
Columbia	SC	29210-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer South Carolina Hospital Association Receipt For:	Occupation Presiden	t & CEO	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	-		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ingo Angermeier, , FACHE  Mailing Address 101 East Wood Street  City Spartanburg  FEC ID number of contributing federal political committee.  Name of Employer Spartanburg Regional Healthcare System Receipt For: Primary General Other (specify)	State Zip Code SC 29303-3016  C  Occupation CEO  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 2 0 0 9  Transaction ID: 17700867  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mark Aycock Mailing Address PO Box 1797  City Spartanburg  FEC ID number of contributing federal political committee.  Name of Employer Spartanburg Regional Heal-	State Zip Code SC 29304-1797  C Occupation Sr. VP/CFO	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
thicare System Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) James Bearden Mailing Address 1127 Woodburn Road	Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
City Spartanburg FEC ID number of contributing federal political committee.	State         Zip Code           SC         29302-3435	Transaction ID: 17700870  Amount of Each Receipt this Period  500.00
Name of Employer Spartanburg Regional Heal- thcare System  Receipt For:  Primary General  Other (specify) ▼	Occupation VP, Clinical Research Aggregate Year-to-Date  1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sheila Breitweiser  Mailing Address 695 Fairwinds Road		Date of Receipt  1 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 17700871
Landrum  FEC ID number of contributing federal political committee.	SC 29356-9077	Amount of Each Receipt this Period 500.00
Name of Employer Spartanburg Regional Heal- thcare System Receipt For:  Primary General Other (specify) ▼	Occupation VP/Exec Director Foundation Aggregate Year-to-Date  1000.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr Mailing Address 2378 Orchard Crest Bl	vd.	Date of Receipt
City	State Zip Code	11 13 2009
Manasquan	NJ 08736-4001	Transaction ID: 17701437  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Chief Information Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00	
Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper	<u>I</u>	Date of Receipt
Mailing Address 121 Clear Creek Road		1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: 17701441
<u>Langhorne</u>	PA 19047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President, Human Resources	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00	
SUBTOTAL of Receipts This Page (optional)	,	630.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 144 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein  Mailing Address 27 Harvest Lane		Date of Receipt
City	State Zip Code	1 1 1 3 2 0 0 9 Transaction ID: 17701447
Livingston	NJ 07039-2750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President Continuing Care Service	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)  B. Ms. Alice J. Guttler		Date of Receipt
Mailing Address 7 Ambrosia Way		111 / 13 / 2009
City	State Zip Code	Transaction ID: 17701451
Freehold	NJ 07728-4020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CentraState Healthcare Sy- stem	Occupation Senior Vice President and Corporate C	) >p
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins		Date of Receipt
Mailing Address 6180 Lower Moun	tain Road	111 / 13 / 2009
City New Hope	State Zip Code PA 18938	Transaction ID: 17701453
FEC ID number of contributing federal political committee.	PA 18938	Amount of Each Receipt this Period  25.42
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	339.62	
SUBTOTAL of Receipts This Page (option	nal)	280.42
	mber only)	

Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any persor the name and address of any political committee to	for the purpose of soliciting contributions
		Solicil Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs  Mailing Address 23 E. Delaware Ave	enue	Date of Receipt
City Pennington	State Zip Code  NJ 08534-2302	Transaction ID: 17701454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	Occupation General Counsel  Aggregate Year-to-Date ▼  365.00	- -
Full Name (Last, First, Middle Initial) Mr. John K Lloyd Mailing Address 1350 Campus Park	way	Date of Receipt  1 1 1 3 2 0 0 9
City	State Zip Code	1 1 1 3 2 0 0 9 Transaction ID: 17701459
Wall Township  FEC ID number of contributing federal political committee.	NJ 07753-6821	Amount of Each Receipt this Period 500.00
Name of Employer Meridian Health	Occupation President and Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Ann P. Logan		Date of Receipt
Mailing Address 17 Golf View Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Princeton	State Zip Code NJ 08540-8442	Transaction ID: 17701460  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Solaris Health System	Occupation Vice President of Nursing	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	I) <b>&gt;</b>	755.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the such as	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.		Date of Receipt
Mailing Address 4 Poppy Lane	State Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City Howell	State Zip Code NJ 7731	Transaction ID: 17701473  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer New Jersey Hospital Assoc- iation Receipt For:	Occupation VP Health Economics  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	235.00	
Full Name (Last, First, Middle Initial) Mr. James D. Jackson		Date of Receipt
Mailing Address Post Office Box 668		11 1 13 2009
City	State Zip Code	Transaction ID: 17702866
Prestonsburg	KY 41653-0668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Highlands Regional Medical Center	Occupation Chief Information Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr. Robert D Fraraccio, , FACHE		Date of Receipt
Mailing Address 1107 West Lexingtor	n Avenue	1 1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: 17702867
Winchester	KY 40391-1169	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Clark Regional Medical Ce- nter	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1725.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(crieck only only)
Any information copied from such Re or for commercial purposes, other th  NAME OF COMMITTEE (In Full)  American Hospital Associati	ports and Statements may not be sold or used by any an using the name and address of any political commit on PAC	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Init Ms. Jennifer D. Jackson  Mailing Address 61 Hickory L  City  Madison  FEC ID number of contributing federal political committee.  Name of Employer Connecticut Hospital Association Receipt For:  Primary General Other (specify)	<u> </u>	
Full Name (Last, First, Middle Init Mr Clarence Brewton  Mailing Address 1833 Foxwo  City  Mitchellville  FEC ID number of contributing federal political committee.  Name of Employer MedStar Health  Receipt For:  Primary General Other (specify)	<u>'</u>	·
Full Name (Last, First, Middle Init Mr. Thomas P. Nickels  Mailing Address 325 Seventh Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	·	
SUBTOTAL of Receipts This Page	(optional)	2350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Michael A Franklin, , FACHE Mailing Address 11418 Newport Bay Dr City	State	Zip Code	Date of Receipt  1 1 1 6 2 0 0 9  Transaction ID: 17703966
	Berlin FEC ID number of contributing federal political committee.	C	21811-9642	Amount of Each Receipt this Period 255.00
	Name of Employer Atlantic General Hospital  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		on at and Chief Executive Office e Year-to-Date ▼ 255.00	
В.	Full Name (Last, First, Middle Initial) Mr. James R Nathan Mailing Address P O Box 2218			Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Fort Myers  FEC ID number of contributing federal political committee.	State FL	Zip Code 33902-2218	Transaction ID: 17704375  Amount of Each Receipt this Period  1000.00
	Name of Employer Lee Memorial Hospital Receipt For:		on It and Chief Executive Officer Per Year-to-Date	<u>-</u>
_	Primary General Other (specify) ▼	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial)  Mr. Ralph Glatfelter  Mailing Address 7285 Heartland Circle			Date of Receipt  1 1 1 1 6 2 0 0 9
	City Tallahassee	State FL	Zip Code	Transaction ID: 17704376
	FEC ID number of contributing federal political committee.	C	32312-7501	Amount of Each Receipt this Period  10.00
	Name of Employer Florida Hospital Associat- ion		ice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1210.00	]
	SUBTOTAL of Receipts This Page (optional)			1265.00
	TOTAL This Period (last page this line number	only)		

	LE A (FEC Form 3X)  RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 144 (check only one)    X
or for commerc	n copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) Hospital Association PAC	atements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. John E.  Mailing Add  City  Winter Pa  FEC ID nur federal polit	ark  mber of contributing ical committee.  mployer pital Associat-		ice President e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name ( Mr. John Wi Mailing Add  City  Orlando  FEC ID nur federal polit	Iress 307 Park Lake Circle  mber of contributing ical committee.  mployer pital Associat-		Zip Code 32803-3923  n Emergency Mgmt. Svcs. e Year-to-Date ▼	Date of Receipt  M M J 16 2009  Transaction ID: 17704378  Amount of Each Receipt this Period  10.00
Full Name ( Mr. Robert V Mailing Add  City  Jacksonv  FEC ID nur federal polit  Name of Er Brooks Rer pital Receipt For	ille  ille  mber of contributing ical committee.  mployer abilitation Hos-	State FL C Occupatio Director	Zip Code 32224-7905	Date of Receipt  M M M 1 1 6 2 0 0 9  Transaction ID: 17704383  Amount of Each Receipt this Period  145.00
	of Receipts This Page (optional)		245.00	175.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Mr Timothy K Skeldon Mailing Address 951 North Washington	Avenue		Date of Receipt  1 1 1 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 17704384
	Titusville  FEC ID number of contributing federal political committee.	C	32796-2194	Amount of Each Receipt this Period  120.00
	Name of Employer Parrish Medical Center  Receipt For:  Primary General Other (specify) ▼		n ice President and Chief Fina e Year-to-Date ▼ 620.00	nc
- 3.	Full Name (Last, First, Middle Initial) Mr. Joe Johnson Mailing Address 1055 Saxon Boulevard			Date of Receipt  1 1 1 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 17704748
	Orange City	FL	32763-8468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Florida Hospital Fish Mem- orial		t and Chief Executive Office	<u></u>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 120.00	]
	Full Name (Last, First, Middle Initial) Mr. Gregory Ohe			Date of Receipt
	Mailing Address 10000 West Colonial D	rive		11 16 YYYY 2009
	City	State	Zip Code	Transaction ID: 17704749
	Ocoee	FL	34761-3493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Health Central		President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			490.00
T	TOTAL This Period (last page this line number of	anly)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 144 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Jean Mayer  Mailing Address 2408 W. Watrous Ave	enue	Date of Receipt
City	State Zip Code	1 1 1 6 2 0 0 9  Transaction ID: 17704750
<u>Tampa</u>	FL 33629-5343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Tampa General Hospital	Occupation Vice President for Strategic Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name (Last, First, Middle Initial) Ms. Diane M. Kazmierski		Date of Receipt
Mailing Address 4736 Royal Palm Circ	le, NE	1 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: 17704752
Saint Petersburg	FL 33703-3138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer BayCare Health System	Occupation Vice President, Managed Care	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 295.00	
Full Name (Last, First, Middle Initial) Mr. John R. Brownlow		Date of Receipt
Mailing Address 5608 Bear Lake Circle		11 1 6 2009
City Apopka	State Zip Code FL 32703-1916	Transaction ID: 17705720
FEC ID number of contributing federal political committee.	FL 32703-1916	Amount of Each Receipt this Period 45.00
Name of Employer Florida Hospital	Occupation Vice President and Chief Operating O	off
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	
		135.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F American Hospital Associ	than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Mr Bill Ellis Mailing Address 6450 US		Zip Code	Date of Receipt    M
Rockledge  FEC ID number of contributing federal political committee.	FL C	32955-5747	Amount of Each Receipt this Period 350.00
Name of Employer Health First, Inc.  Receipt For:  Primary General Other (specify) ▼	Aggrega	ion esident, Government Relation te Year-to-Date ▼ 350.00	ns
Full Name (Last, First, Middle Mr. Joe Johnson Mailing Address 1055 Sax	Initial) on Boulevard		Date of Receipt  1 1 1 1 6 2 0 0 9
City Orange City  FEC ID number of contributing federal political committee.	State FL	Zip Code 32763-8468	Transaction ID: 17706286  Amount of Each Receipt this Period  120.00
Name of Employer Florida Hospital Fish Memorial Receipt For:  Primary General Other (specify) ▼	Aggrega	ion ent and Chief Executive Office te Year-to-Date ▼ 240.00	er .
Full Name (Last, First, Middle Mr Daniel R Morgan Mailing Address P O Box 5	,		Date of Receipt  1 1 1 1 6 2 0 0 9
City Panama City FEC ID number of contributing	State FL	Zip Code 32402-2515	Transaction ID: 17706537  Amount of Each Receipt this Period
federal political committee.  Name of Employer Bay Medical Center	Occupat		250.00
Receipt For:  Primary General  Other (specify) ▼	Aggrega	inancial Officer te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	age (optional)		720.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 144 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Frieda Warren		Date of Receipt
Mailing Address 616 n Bonita Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17706540
Panama City	FL 32401-3624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bay Medical Center	Occupation Trustee	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Donald Connor		Date of Receipt
Mailing Address 617 N Bonita Ave		M M / D D / Y Y Y Y Y 1 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: 17706859
Panama City	FL 32401-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bay Medical Center	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Floyd Skinner		Date of Receipt
Mailing Address 618 N Bonita Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17706860
Panama City	FL 32401-3624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bay Medical Center	Occupation Trustee	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

or for commercial purp NAME OF COMM American Hosp  Full Name (Last, F Mr. John Robert Mic Mailing Address  City Panama City  FEC ID number of federal political cor  Name of Employer Bay Medical Center  Receipt For: Primary Other (specif	coses, other than using the name of the property of the proper	nents may not be sold or used by any persor e and address of any political committee to see any politi	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, F Mr. John Robert Mic Mailing Address  City Panama City  FEC ID number of federal political cor Name of Employer Bay Medical Center Primary Other (specifical Name (Last, F Ms Greg Brundnick)	ital Association PAC irst, Middle Initial) ddlemas 620 N Bonita Ave  contributing mmittee.	FL 32401-3624  C Decupation  Trustee  Aggregate Year-to-Date ▼	Transaction ID: 17706862  Amount of Each Receipt this Period
Mr. John Robert Mic Mailing Address  City Panama City  FEC ID number of federal political cor  Name of Employer Bay Medical Cente  Receipt For: Primary Other (specif	contributing nmittee.	FL 32401-3624  C Decupation  Trustee  Aggregate Year-to-Date ▼	Transaction ID: 17706862  Amount of Each Receipt this Period
City Panama City FEC ID number of federal political cor Name of Employer Bay Medical Cente Receipt For: Primary Other (specification of the context of the c	contributing nmittee.	FL 32401-3624  C Decupation  Trustee  Aggregate Year-to-Date ▼	Transaction ID: 17706862  Amount of Each Receipt this Period
Panama City  FEC ID number of federal political cor  Name of Employer Bay Medical Cente  Receipt For: Primary Other (specifical Center)  Full Name (Last, Found Missing Brundnick)	nmittee.  Cr T General	FL 32401-3624  C Decupation  Trustee  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of federal political cor  Name of Employer Bay Medical Cente  Receipt For: Primary Other (specification of the context)  Full Name (Last, Found Missing Brundnick)	nmittee.  Cr T General	Cccupation Trustee Aggregate Year-to-Date ▼	
Receipt For: Primary Other (specified Full Name (Last, Figure Ms Greg Brundnick)	General	rustee Aggregate Year-to-Date ▼	_
Primary Other (specification)  Full Name (Last, Figure Ms Greg Brundnicking)	General	1 1 1 1 1 1 1 1 1 1	
Ms Greg Brundnicki	l l	250.00	
Mailing Address	<u> </u>		Date of Receipt
	621 N. Bonita		11 16 2009
City		State Zip Code	Transaction ID: 17706863
Panama City FEC ID number of federal political cor		FL 32401-3623 C	Amount of Each Receipt this Period  250.00
Name of Employer Bay Medical Cente	ar I	Occupation Trustee	
Receipt For: Primary Other (specif	General	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, F Mr Paul Hunt	irst, Middle Initial)		Date of Receipt
Mailing Address	622 N Bonita Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: 17708662
Panama City FEC ID number of federal political cor		FL 32401-3624 C	Amount of Each Receipt this Period 250.00
Name of Employer Bay Medical Cente	ar l	Occupation Trustee	_
Receipt For: Primary Other (specif	General	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Rece			

SCHEDULE A (FEC Form 3	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 62 / 144 (check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Mr James Cook		Date of Receipt
Mailing Address 623 N Bonita Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17708663
Panama City	FL 32401-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bay Medical Center	Occupation Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Phillis Oeters	•	Date of Receipt
Mailing Address 6855 Red Road, S	uite 600	11 1 16 YYYYY 16 2009
City	State Zip Code	Transaction ID: 17708669
<u>Miami</u>	FL 33143-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Health South Flor- ida	Occupation Corporate Vice President Government	ent an
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Douglas A. Dodson		Date of Receipt
Mailing Address 9800 S. Healthpar Suite #405	k Drive	1 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: 17708673
Fort Myers	FL 33908-7603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Lee Memorial Hospital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (option	al)	3250.00
COSTOTAL OF HOSCIPIO THIS Fage (option	ω <sub>1</sub>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr John F Wilbanks		Date of Receipt
	Mailing Address 800 Prudential Drive  City	State Zip Code	1 1 1 1 6 2 0 0 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Jacksonville	FL 32207-8202	Transaction ID: 17708736  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Baptist Medical Center	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General Other (specify) ▼	500.00	
. –	Full Name (Last, First, Middle Initial) Mr. Mark O'Bryant		Date of Receipt
	Mailing Address 1300 Miccosukee Roa	d	11 16 2009
	City	State Zip Code	Transaction ID: 17708742
	Tallahassee	FL 32308-5054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Tallahassee Memorial Heal- thCare	Occupation President and Chief Executive Officer	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield		Date of Receipt
	Mailing Address 1717 North 'E' Street,	Ste 320	11 16 2009
	City	State Zip Code	Transaction ID: 17708744
	Pensacola	FL 32501-6377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Baptist Health Care Corpo- ration	Occupation President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
		1	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Deanna Schaeffer Mailing Address 400 N. Clyde Morris E  City Daytona Beach  FEC ID number of contributing federal political committee.  Name of Employer Halifax Health Medical Center of Dayto Receipt For:	State Zip Code FL 32114-2731  C  Occupation CEO, Healthy Communities & GR O  Aggregate Year-to-Date	Date of Receipt    M M
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr Paul Goldstein	500.00	Date of Receipt
Mailing Address 1414 Kuhl Avenue  City	State Zip Code	1 1 1 1 6 2 0 0 9  Transaction ID: 17708779
Longwood  FEC ID number of contributing federal political committee.	FL 32806-2093	Amount of Each Receipt this Period 250.00
Name of Employer Orlando Regional Healthca- re Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Finance and Chief Fin  Aggregate Year-to-Date  250.00	nan
Full Name (Last, First, Middle Initial) Mr. William A Giudice Mailing Address 1300 Miccosukee Roa		Date of Receipt
City	State Zip Code	1 1 1 6 2 0 0 9  Transaction ID: 17708780
Tallahassee  FEC ID number of contributing federal political committee.	FL 32308-5093	Amount of Each Receipt this Period 375.00
Name of Employer Tallahassee Memorial Heal- thCare Receipt For:  Primary General Other (specify) ▼	Occupation Chief Financial Officer and Vice Pres Aggregate Year-to-Date  375.00	si
SUBTOTAL of Receipts This Page (optional)	······	1125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 144 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jason Moore Mailing Address 2112 Doral Drive  City	State	Zip Code	Date of Receipt    M
Tallahassee  FEC ID number of contributing federal political committee.	FL	32312-3159	Amount of Each Receipt this Period  500.00
Name of Employer Tallahassee Memorial Heal- thCare Receipt For:  Primary  General  Other (specify) ▼	<del>-                                    </del>	ating Officer ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms Ann Bernard Mailing Address 25 Arapaho Dr			Date of Receipt  1 1 1 1 6 2 0 0 9
City Pensacola  FEC ID number of contributing federal political committee.	State FL	Zip Code 32507-8736	Transaction ID: 17708859  Amount of Each Receipt this Period  250.00
Name of Employer Baptist Health Care Corporation Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		rotective Services ear-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Mr. Mark Faulkner Mailing Address P O Box 17500			Date of Receipt  1 1 1 1 6 2 0 0 9
City Pensacola FEC ID number of contributing federal political committee.	State FL	Zip Code 32522-7500	Transaction ID: 17708860  Amount of Each Receipt this Period  500.00
Name of Employer Baptist Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation President Aggregate Ye	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1250.00

A.

В.

C.

			FOR LINE NUMBER: PAGE 66 / 144
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 144 (check only one)
ITEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
	iame and add	dress of any political committee to	Solicit Contributions from Such Committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Gayle Capozzalo Heil			Date of Receipt
Mailing Address 789 Howard Avenue			1 1 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 17708947
New Haven	CT	06519-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Yale New Haven Health Sys- tem	Occupation Executive	n e Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Claudia Eisenmann			Date of Receipt
Mailing Address 2625 County Rd 135			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17708977
Solen	ND	58570-9741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MedCenter One	Occupation Vice Pres	n sident, Professional Practice	s l
Receipt For:	-	Year-to-Date ▼	
Primary General	199.194.11		1
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas G Bartlett, III, M.D.			Date of Receipt
Mailing Address 25117 Highway 15			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17709060
Union	MS	39365-9088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Laird Hospital	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 144 (check only one)    X   11a
Any information copied from such Heports and or for commercial purposes, other than using   NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles L Denton Mailing Address 960 Avent Drive		Date of Receipt  1 1 1 9 2 0 0 9
City	State Zip Code	Transaction ID: 17709068
Grenada	MS 38901-5230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Grenada Lake Medical Center Receipt For:  Primary  General  Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial)  Mr. Steve Dickson  Mailing Address P.O. Box 1909		Date of Receipt
		11 19 2009
City	State Zip Code	Transaction ID: 17709069
Madison  FEC ID number of contributing federal political committee.	MS 39130-1909	Amount of Each Receipt this Period  200.00
Name of Employer Mississippi Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President/CEO, Stratagem, Inc.  Aggregate Year-to-Date ▼  866.73	<b>-</b> -
Full Name (Last, First, Middle Initial)  C. Mr. John Heer		Date of Receipt
Mailing Address 830 South Gloster S	Street	11 19 2009
City	State Zip Code	Transaction ID: 17709075
Tupelo	MS 38801-4934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Mississippi Health Services, Inc Receipt For:  Primary General Other (specify) ▼	Occupation President & CEO  Aggregate Year-to-Date   250.00	- -
SUBTOTAL of Receipts This Page (optional	)	650.00
TOTAL This Period (last page this line numb	<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by any persolusing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr. Steve Adriaanse		Date of Receipt
Mailing Address 3042 Fermana		11 1 16 2009
City Tallahassee	State Zip Code FL 32309-3333	Transaction ID: 17711701
FEC ID number of contributing federal political committee.	C 32309-3333	Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Memorial Heal- thCare Receipt For:	Occupation HR Administrator Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Ms. Cynthia Blair  Mailing Address 7935 Preserva	tion Road	Date of Receipt
		11 16 2009
City	State Zip Code	Transaction ID: 17711704
Tallahassee  FEC ID number of contributing federal political committee.	FL 32312-6766	Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Memorial Heal-	Occupation Vice President	
thCare Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. John J. Brady, III		Date of Receipt
Mailing Address 5 Lynnbrook R	oad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17711760
Trumbull  FEC ID number of contributing	CT 06611-3308	Amount of Each Receipt this Period
federal political committee.	[C]	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice President, Business Developmen	nt &
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SURTOTAL of Receipts This Page (or	otional)	1000.00
	number only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Benorts an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 144  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr James Staten  Mailing Address 20 York Street		Date of Receipt  1 1 2 0 2 0 0 9
City	State Zip Code	Transaction ID: 17711761
New Haven	CT 06510-3220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Yale-New Haven Hospital Receipt For:	Occupation Senior Vice President Finance	<u>-</u>
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Joseph E Morris	•	Date of Receipt
Mailing Address 2003 Lincoln Way		11 20 2009
City	State Zip Code	Transaction ID: 17712060
Coeur D Alene	ID 83814-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kootenai Medical Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin		Date of Receipt
Mailing Address 700 South Main Stro	eet	11 20 2009
City <u>Moscow</u>	State Zip Code ID 83843-3056	Transaction ID: 17712061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gritman Medical Center	Occupation Chief Executive Officer	]
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Louis D Kraml, , CHE Mailing Address 350 North Meridian St  City Blackfoot FEC ID number of contributing federal political committee.  Name of Employer Mountain River Birthing and Surgery Ce Receipt For:	State Zip Code ID 83221-1625  C Occupation Chief Executive Officer Aggregate Year-to-Date	Date of Receipt  1 1 2 0 2 0 9  Transaction ID: 17712062  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary Fletcher	250.00	Date of Receipt
Mailing Address 190 East Bannock Str	State Zip Code	1 1 2 0 2 0 9 Transaction ID: 17712063
Boise FEC ID number of contributing federal political committee.	ID 83712-6241	Amount of Each Receipt this Period  250.00
Name of Employer St. Luke's Regional Medic- al Center Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Alan H Channing Mailing Address 1401 S California Bou	lovard	Date of Receipt
City	State Zip Code	1 1 2 0 2 0 0 9  Transaction ID: 17713950
Chicago FEC ID number of contributing federal political committee.	IL 60608-1858	Amount of Each Receipt this Period 800.00
Name of Employer Schwab Rehabilitation Hos- pital Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date  800.00	er
SUBTOTAL of Receipts This Page (optional) .	1	1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 144 (check only one)  X 11a 11b 11c 12
1	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any person	13 14 15 16 17  I for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Traine and address of any political committee to c	ionoli dontributorio moni duon donimitto.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Paul F. Hills		Date of Receipt
	Mailing Address 18 Heron Lane		11 20 7 2009
	City	State Zip Code	Transaction ID: 17713953
	Barrington	IL 60010-5142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centegra Health System	Occupation Trustee	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Ms. Barbara Johnson		Date of Receipt
J.	Mailing Address 385 Millennium Drive		1 1 2 0 2 0 0 9
	City	State Zip Code	Transaction ID: 17713955
	Crystal Lake	IL 60012-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centegra Hospital - McHen-	Occupation Senior Vice President of Human Resor	urc
	ry Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
_ C.	Full Name (Last, First, Middle Initial) Ms. Angela McAuley		Date of Receipt
	Mailing Address 1301 Winston Circle		11 20 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17713959
	Woodstock	IL 60098-3678	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centegra Hospital - Woods- tock	Occupation Senior Vice President, Women's Healt	<b>-</b> H
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  A. Mr. Jason Sciarro		Date of Receipt
Mailing Address 14255 Castlebar Trail		11 20 7 2009
City	State Zip Code	Transaction ID: 17713993
Woodstock	IL 60098-8881	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Centegra Hospital - Woods- tock	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial) Mr. Aaron T. Shepley		Date of Receipt
Mailing Address 385 Millennium Drive		11 20 7 2009
City	State Zip Code	Transaction ID: 17713995
Crystal Lake	IL 60012-3740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centegra Health System	Occupation Chief Quality Officer/General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Mr. Darryl L Vandervort		Date of Receipt
Mailing Address 403 East First Street		1 1 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17713998
Dixon	IL 61021-3187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer Katherine Shaw Bethea Hos-	Occupation	
pital Receipt For:	President and Chief Executive Officer	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		1375.00
TOTAL This Period (last page this line number	<u> </u>	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from for for memerical purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mis Troit L Alien  Maling Address 1151 East Warrenville Road  City  State Zip Code  Naperville  Le 60563-9339  FEC ID number of contributing federal political committee.  C 200.00  Transaction ID: 17714008  Amount of Each Receipt this Period  Primary General Other (specify) ▼  State Zip Code  Primary General Other (specify) ▼  State Zip Code  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. Mark Obeaton  Maling Address 740 North Hayes  City  State Zip Code  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation  Name of Employer  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ma. Kharloy Delifacos  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Make The County of Transaction ID: 17714013  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 17714013  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Transaction ID: 17714013  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City General Other (specify) ▼  Date of Receipt  Transaction ID: 17714013  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Gocupation  Name of Employer  Director of Development  Primary General Other (specify) ▼  Director of Development  Director of Development  Director of Development  D	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mailing Address 1151 East Warrenville Road  City State Zip Code IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼ State Zip Code III	Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Ms. Torrit. Allon  Mailing Address 1151 East Warrenville Road  City  State Zip Code Naperville  IL 60563-9339  FEC ID number of contributing federal political committee.  C C  Primary General Other (specify) ▼  State Zip Code  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify) ▼  State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17714016  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17714012  Date of Receipt  Transaction ID: 17714012  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C C  Primary General Other (specify) ▼  State Zip Code Illinois Hospital Association  Receipt For: Primary General Other (specify) ▼  State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  City State Zip Code  Mailing Address 1151 East Warrenville Road  Amount of Each Receipt this Period  Amount of Ea	1 1	С	
City Naperville FEC ID number of contributing federal political committee.    C	,		Date of Receipt
Name of Employer Illinois Hospital Associa- Illinoi.  Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City  State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middel Initial)  Na. Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City  State Zip Code Illinois Hospital Associa- Illin			11 20 2009
FEC ID number of contributing federal political committee.    Name of Employer lilinois Hospital Association   Date of Receipt	-		
Name of Employer   New Year of Contributing   State	Naperville	IL 60563-9339	Amount of Each Receipt this Period
State   Zip Code   Aggregate Year-to-Date   Transaction ID: 17714012		C	200.00
Receipt For:    Primary   General   Other (specify) ▼   312.50			
Primary   General Other (specify) ▼		Aggregate Year-to-Date ▼	7
Miling Address 740 North Hayes  City State Zip Code IL 60302-1706  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼ State Zip Code Illnows Nancy DeMarco Mailing Address 1151 East Warrenville Road  FEC ID number of contributing C Itlnows Nancy DeMarco Mailing Address 1151 East Warrenville Road  City State Zip Code Transaction ID: 17714012  Amount of Each Receipt this Period Aggregate Year-to-Date ▼		312.50	
City Oak Park  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Mailing Address 1151 East Warrenville Road  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mailing Address 1151 East Warrenville Road  City State Zip Code ILL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Director of Development  Receipt For: Aggregate Year-to-Date ▼  Occupation Director of Development  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  1031.25	, , ,		Date of Receipt
Oak Park  IL 60302-1706  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City State Zip Code IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Director of Development Illinois Hospital Association  Receipt For: Primary General Other (specify) ▼  Amount of Each Receipt this Period  Amount of Each Receipt For: Primary General Other (specify) ▼  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C  Name of Employer Illinois Hospital Association Director of Development Illinois Hospital Association Il	Mailing Address 740 North Hayes		
FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City State Zip Code ILL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illnois Hospital Association Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: 17714013  Amount of Each Receipt this Period  625.00		'	Transaction ID: 17714012
Name of Employer Illinois Hospital Association Sr. VP, General Counsel Receipt For:    Primary	Oak Park	IL 60302-1706	Amount of Each Receipt this Period
Receipt For:    Primary		C	416.70
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco Mailing Address 1151 East Warrenville Road  City State Zip Code Naperville IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Director of Development Aggregate Year-to-Date ▼  1031.25		1 '	
Tull Name (Last, First, Middle Initial)  Ms. Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City State Zip Code IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1031.25	Receipt For:	Aggregate Year-to-Date ▼	
Ms. Nancy DeMarco  Mailing Address 1151 East Warrenville Road  City State Zip Code Naperville IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 17714013  Amount of Each Receipt this Period  625.00		687.55	
City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary  General  Other (specify) ▼  State Zip Code  IL 60563-9339  Amount of Each Receipt this Period  625.00  CC  Transaction ID: 17714013  Amount of Each Receipt this Period  625.00			Date of Receipt
Naperville  FEC ID number of contributing federal political committee.  C  Name of Employer Illinois Hospital Association  Receipt For:  Primary General  Other (specify) ▼  Amount of Each Receipt this Period  625.00  Aggregate Year-to-Date ▼  1031.25	Mailing Address 1151 East Warren	ville Road	
FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1031.25	City	State Zip Code	Transaction ID: 17714013
federal political committee.  Name of Employer Illinois Hospital Association Receipt For:  Primary General Other (specify) ▼  Occupation Director of Development  Aggregate Year-to-Date ▼  1031.25	<u>Naperville</u>	IL 60563-9339	Amount of Each Receipt this Period
Illinois Hospital Association  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1031.25		C	625.00
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1031.25	Illinois Hospital Associa-	· · · · · · · · · · · · · · · · · · ·	
Other (specify) ▼ 1031.25			1
SUBTOTAL of Receipts This Page (optional) 1241.70		1031.25	
Toblicial of receipts fills rage (optional)	SURTOTAL of Receipts This Page (antions	] al)	1241.70
	SUBTUTAL OF Receipts This Page (options	±u)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or fo	nformation copied from such Reports and Star commercial purposes, other than using the AME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. M M	ull Name (Last, First, Middle Initial) Is. Lois DeTraglia Iailing Address 1151 E. Warrenville Rd  ity Iaperville  EC ID number of contributing or several political committee.  ame of Employer iniois Hospital Association eccipt For:  Primary General Other (specify)	State IL  C Occupation Vice Pres	Zip Code 60563-9339 In sident, Human Resources e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. M M C C L F f € N I I I I I I I I I I I I I I I I I I	ull Name (Last, First, Middle Initial) Is. Barbara Filliung Iailing Address 1013 59th Street  ity isle  EC ID number of contributing ideral political committee.  ame of Employer inois Hospital Association eccipt For:  Primary General Other (specify)	-	Zip Code 60532-3122  n irector, Government Relation e Year-to-Date ▼ 343.86	Date of Receipt  M M M / 20 / 2009  Transaction ID: 17714015  Amount of Each Receipt this Period  208.40
C. MM C C N F fe	ull Name (Last, First, Middle Initial) Ir. Brian Foster lailing Address 1151 E. Warrenville Rd PO Box 3015  ity  laperville  EC ID number of contributing ideral political committee.  ame of Employer inois Hospital Association eceipt For: Primary General Other (specify)	State IL  C  Occupatio Vice Pres		Date of Receipt  M M M / 20 / 2009  Transaction ID: 17714016  Amount of Each Receipt this Period  416.70
SUE	BTOTAL of Receipts This Page (optional)			833.50

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 144 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat			Date of Receipt
Mailing Address 1911 Hamilton Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714017
Murphysboro	IL	62966-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		156.30
Name of Employer Illinois Hospital Associa-	Occupatio		
tion		isk Management Coordinatio	<u>on</u>
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	0 0	257.89	
Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt
Mailing Address 1151 E. Warrenville Rd PO Box 3015	d.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714019
<u>Naperville</u>	IL	60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.70
Name of Employer Illinois Hospital Associa- tion	Occupatio Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 687.55	
Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Receipt
Mailing Address 1755 Maple Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714024
Wheaton	IL	60187-3317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		625.00
Name of Employer Illinois Hospital Associa- tion	Occupatio Senior V	n ice President	
Receipt For:	-	e Year-to-Date ▼	
Primary General Other (specify) ▼	30 131	1031.25	
SUBTOTAL of Receipts This Page (optional)			1198.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 76 / 144 (check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt
Mailing Address 1151 East Warrenville	e Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714025
<u>Naperville</u>	<u> </u>	60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		625.00
Name of Employer Illinois Hospital Associa-	Occupation		
tion	<del></del> '	sident, Finance	_
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼		1031.25	
Full Name (Last, First, Middle Initial) Ms. Susan Kaufman			Date of Receipt
Mailing Address 1151 E. Warranville F	Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714030
<u>Naperville</u>	IL	60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer Illinois Hospital Associa-	Occupation Chief of S		
tion Receipt For:	- 1	Year-to-Date ▼	
Primary General Other (specify) ▼		346.50	
Full Name (Last, First, Middle Initial) Ms. Nichole Magalis			Date of Receipt
Mailing Address 1151 East Warrenville	e Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714034
<u>Naperville</u>	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.40
Name of Employer Illinois Hospital Associa-	Occupation Senior Di	n irector, Government Relatior	ns
tion Receipt For:	<del>'</del>	Year-to-Date ▼	7
Primary General Other (specify) ▼	33 3 3 4 6	343.86	
			1043.40

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Full Name (Last, First, Middle Initial)  Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Ro	ad		Date of Receipt  1 1 2 0 2 0 9
_	PO Box 3015 Dity	State	Zip Code	1 1 2 0 2 0 0 9  Transaction ID: 17714035
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		625.00
<u>†</u>	Name of Employer Ilinois Hospital Associa- ion	Occupation Vice Pre-		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1031.25	
!	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III Mailing Address 4109 Southwoods Road	4		Date of Receipt
ľ	Mailing Address 4109 Southwoods Road	J		11 20 2009
(	Dity	State	Zip Code	Transaction ID: 17714039
3	Springfield	<u> </u>	62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		625.00
 <u> </u>	Name of Employer Ilinois Hospital Associa- ion		ice President	
ľ	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1031.25	]
	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt
N	Mailing Address 1141 East Warrenville	Road		11 20 4 2009
(	Dity	State	Zip Code	Transaction ID: 17714042
<u>I</u>	Naperville	IL	60563-1493	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		450.00
 <u> </u>	Name of Employer Ilinois Hospital Associa- ion	Occupation Vice Pre-	sident	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SU	BTOTAL of Receipts This Page (optional)		<b>)</b>	1700.00
	TAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 144 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Kenneth C. Robbins  Mailing Address 1531 Maria Court			Date of Receipt
City Wheaton	State IL	Zip Code 60187-3777	Transaction ID: 17714044  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		625.00
Name of Employer Illinois Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		t Emeritus e Year-to-Date ▼ 1031.25	
Full Name (Last, First, Middle Initial)  Ms. Jo Ann Spoor  Mailing Address 700 South Second S	Street		Date of Receipt  1 1 2 0 2 0 0 9
City	State	Zip Code	Transaction ID: 17714046
Springfield	<u> </u>	62704-2516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Illinois Hospital Associa- tion	Occupatio Director,	Finance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 412.50	
Full Name (Last, First, Middle Initial) Ms. Laraine Williams	<b>'</b>		Date of Receipt
Mailing Address 1151 E. Warrenville	Road		11 20 7 2009
City	State	Zip Code	Transaction ID: 17714050
Naperville  FEC ID number of contributing federal political committee.	C	60563-9339	Amount of Each Receipt this Period 625.00
Name of Employer Illinois Hospital Associa- tion	Occupatio Vice Pre	sident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1031.25	
SUBTOTAL of Receipts This Page (optiona	D.		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Susan R Murray Mailing Address 3288 Moanalua Ro  City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente Medical Center Receipt For: Primary General Other (specify)	State Zip Code HI 96819-1495  C  Occupation Regional Hospital Administrator Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. John B. Day Mailing Address 101 Page Street  City New Bedford  FEC ID number of contributing federal political committee.  Name of Employer Southcoast Hospitals Group  Receipt For: Primary General Other (specify)	State Zip Code MA 02740-3400  C  Occupation President & Chief Executive Officer Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. John Bomher Mailing Address 1151 E. Warrenvill  City Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	e Road  State Zip Code IL 60563-9339  C  Occupation Senior VP, Health Policy Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 1 1 2 3 / 2 0 0 9  Transaction ID: 17714797  Amount of Each Receipt this Period  1000.00
	al)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Ms. Terry Brennan  Mailing Address 1 Saint Anthony's Way		Date of Receipt
City	State Zip Code	Transaction ID: 17714798
Alton	IL 62002-4568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Anthony's Health Sy- stem	Occupation Vice President Physician Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Jonathan R. Bruss		Date of Receipt
Mailing Address 30 W 061 Kensington I		111 23 7 2009
City	State Zip Code	Transaction ID: 17714819
Warrenville	IL 60555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Advocate Good Samaritan Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr. Danny Chun		Date of Receipt
Mailing Address 303 North Oak Park Av	/enue	11 23 7 2009
City	State Zip Code	Transaction ID: 17714820
Oak Park	IL 60302-2189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number of	· ·	

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. Michael S Eesley	Statements may rine name and addre	Detailed Summary Page not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)	otatements may r	ess of any political committee to	solicit contributions from such committee.
American Hospital Association PAC  Full Name (Last, First, Middle Initial)			
Full Name (Last, First, Middle Initial)			
IVII. IVIIGITAELO L'ESIEY			Date of Receipt
Mailing Address P O Box 1990			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714822
Woodstock	IL	60098-1990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Centegra Hospital - Woods-	Occupation		7
tock		and Chief Executive Officer	_
Receipt For:	Aggregate Y	rear-to-Date ▼	. [
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Ann Errichetti, , M.D.			Date of Receipt
Mailing Address 801 South Milwaukee	e Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17714823
Libertyville	IL	60048-3204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		800.00
Name of Employer Advocate Condell Medical Center	Occupation President		
Receipt For: Primary General	Aggregate Y	/ear-to-Date ▼	
Other (specify) ▼	0 0	800.00	
Full Name (Last, First, Middle Initial) Ms Bridgett Gibbons	•		Date of Receipt
Mailing Address 2132 West Warner			11 23 2009
City	State	Zip Code	Transaction ID: 17714831
Chicago	IL	60618-3032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Advocate South Suburban Hospital	Occupation Vice President	dent	1
Receipt For:	Aggregate Y	/ear-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			2800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Dr. Anil Godbole, MD., S.C.			Date of Receipt
	Mailing Address 1893 Mission Hills Lan			11 23 7 2009
	City	State IL	Zip Code	Transaction ID: 17714832
	Northbrook  FEC ID number of contributing federal political committee.	C	60062-5760	Amount of Each Receipt this Period  150.00
	Name of Employer Advocate Illinois Masonic Medical Cent Receipt For:  Primary General Other (specify) ▼	<del>, '</del>	, Dept. of Psychiatry Year-to-Date ▼ 400.00	
- В.	Full Name (Last, First, Middle Initial) Mr. James M. Hohner Mailing Address 2159 W. Agatite	ı		Date of Receipt
	City	State	Zip Code	11 23 2009
	Chicago	IL	60625-1705	Transaction ID: 17714834  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
	Name of Employer Advocate Health Care	Occupation Director, A	Advocate Health Care Foun	dat
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. James C Leonard, , M.D.	1		Date of Receipt
	Mailing Address 611 West Park Street			1 1 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 17714835
	<u>Urbana</u>	<u> L</u>	61801-2500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		800.00
	Name of Employer Carle Foundation Hospital	Occupation President	and Chief Executive Office	r
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)			1200.00
-	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (F		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purpose	s, other than using the name an	s may not be sold or used by any pers d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE  American Hospital	, ,		
Full Name (Last, First, Mr. Martin Manning Mailing Address 301	,		Date of Receipt
	3 Mary Kay Lane		11 23 2009
City <u>Glenview</u>	Stat IL	e Zip Code 60026-1162	Transaction ID: 17714840  Amount of Each Receipt this Period
FEC ID number of confederal political commit	tributing		800.00
Name of Employer Advocate Health Care		pation f Executive Officer	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 800.00	
Full Name (Last, First, Mr. Dominic Nakis			Date of Receipt
Mailing Address 226	8 River Woods Drive		11 23 2009
City	Stat	'	Transaction ID: 17714844
Naperville  FEC ID number of confederal political commit		60565-6351	Amount of Each Receipt this Period  800.00
Name of Employer Advocate Health Care		pation President, Finance	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 800.00	
Full Name (Last, First, Ms. Susan Nordstrom Lo			Date of Receipt
Mailing Address 836	West Wellington Avenue		1 1 2 3 2 0 0 9
City	Stat	'	Transaction ID: 17714855
Chicago FEC ID number of confederal political commit		60657-5147	Amount of Each Receipt this Period  250.00
Name of Employer Advocate Illinois Mason Medical Cent	Presi	ident	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	<b>I</b>		1850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Mr. Scott Powder  Mailing Address 1775 Dempster		Date of Receipt
City	State Zip Code	1 1 2 3 2 0 0 9 Transaction ID: 17714858
Park Ridge	IL 60068-1143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Advocate Lutheran General Hospital Receipt For: Primary General	Occupation SVP, Strategic Planning & Growth  Aggregate Year-to-Date ▼  250.00	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Marc A. Senesac	230.00	Date of Receipt
Mr. Marc A. Senesac  Mailing Address 3815 Highland Avenu	ue	1 1 2 3 2 0 0 9
City	State Zip Code	Transaction ID: 17714870
Downers Grove	IL 60515-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate Illinois Masonic Medical Cent	Occupation Regional Vice President HR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Jim H Skogsbergh		Date of Receipt
Mailing Address 2025 Windsor Drive		111 23 7 2009
City	State Zip Code	Transaction ID: 17714874
Oak Brook	IL 60523-1586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Advocate Health Care	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		1400.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person he name and address of any political committee to s	13   14   15   16   1 for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Carl G Herde Mailing Address 4007 Kresge Way  City Louisville	State Zip Code KY 40207-4677	Date of Receipt  1 1 2 4 2 0 0 9  Transaction ID: 17716080  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Baptist Healthcare System  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Vice President and Chief Financial Off Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) Mr. Tommy J Smith Mailing Address 4007 Kresge Way  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Baptist Healthcare System  Receipt For: Primary General Other (specify)	State Zip Code KY 40207-4677  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date   500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. Bruce A Klockars, , FACHE Mailing Address P O Box 7  City Mount Sterling  FEC ID number of contributing federal political committee.  Name of Employer Saint Joseph Mount Sterling Receipt For: Primary General Other (specify)	State Zip Code KY 40353-0007  C  Occupation President  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Joseph G Koch		Date of Receipt
Mailing Address 9 Linville Drive	State Zip Code	111 / 24 / 2009
City Paris	KY 40361-2129	Transaction ID: 17716091  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bourbon Community Hospital	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. John D Harryman		Date of Receipt
Mailing Address 4001 Dutchmans Lai		11 24 2009
City	State Zip Code	Transaction ID: 17716256
Louisville	KY 40207-4799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Norton Suburban Hospital	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas D Kmetz		Date of Receipt
Mailing Address 9820 Third Street Ro	pad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717499
Louisville	KY 40272-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Norton Southwest Hospital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
OODIOTAL OF RECEIPES THIS Fage (optional)	er only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	not be sold or used by any perso	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		soo of any political committee to	y solicit containations from each committee.
Full Name (Last, First, Middle Initial) Mr Steven Maclauchlan			Date of Receipt
Mailing Address One Audubon Plaza	Drive		M M / D D / Y Y Y Y Y Y Y 1 1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 17717500
<u>Louisville</u>	KY	40217-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Norton Healthcare	Occupation President		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	riggregate	250.00	
Full Name (Last, First, Middle Initial) Ms. Tracy E Williams			Date of Receipt
Mailing Address 234 East Gray Stree	t, Ste. 225		1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 17717505
Louisville	KY	40202-1913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Norton Healthcare	Occupation Senior Vi	ce President	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Douglas A. Winkelhake			Date of Receipt
Mailing Address 8911 Duxburry Road	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17717506
Louisville	KY	40242-6910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Norton Suburban Hospital	Occupation Chief Ope	n erating Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 144 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Mark Armstrong		Date of Receipt
Mailing Address 310 South Limestone	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717507
Lexington	KY 40508-3008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer UK HealthCare Good Samari-	Occupation Chief Operating Officer	
tan Hospital Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Jack G. Blackwell		Date of Receipt
Mailing Address 2201 Forest Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717508
Ashland	KY 41101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Highlands Regional Medical Center	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Edward Nairn		Date of Receipt
Mailing Address Highlands Regional M Box 668	Med Ctr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717512
Prestonburg	KY 41653-0668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Highlands Regional Medical Center	Occupation Board Member	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	1
Other (specify)		
Other (specify)	0 0 0 0 0 0 0 0	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. Patrick Donahue  Mailing Address 4604 Highway 60 West  City	State Zip Code	Date of Receipt    M
Morganfield  FEC ID number of contributing federal political committee.	KY 42437-9570	Amount of Each Receipt this Period  250.00
Name of Employer Methodist Hospital Union County Receipt For:  Primary General Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Jerry Haynes  Mailing Address P O Box 8086		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717515
Lexington  FEC ID number of contributing federal political committee.	KY 40533-8086	Amount of Each Receipt this Period 500.00
Name of Employer Appalachian Regional Heal- thcare Receipt For: Primary General	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Mr. Frank A. Butler		Date of Receipt
Mailing Address 437 Adair Road		11 24 2009
City	State Zip Code KY 40536-0001	Transaction ID: 17717516
Lexington  FEC ID number of contributing federal political committee.	KY 40536-0001	Amount of Each Receipt this Period 500.00
Name of Employer University of Kentucky Ho- spital	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Joseph DeVenuto		Date of Receipt
Mailing Address 4001 Dutchmans Lane		11 24 2009
City	State Zip Code	Transaction ID: 17717519
Louisville	KY 40207-4714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Norton Suburban Hospital	Occupation Assistant Vice President/CIO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Chip Peal	<u> </u>	Date of Receipt
Mailing Address 299 King's Daughters I	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717520
<u>Frankfort</u>	KY 40601-6514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Frankfort Regional Medical Center	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey Seraphine	<u> </u>	Date of Receipt
Mailing Address 1140 Lexington Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17717522
Georgetown	KY 40324-9330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lake Cumberland Regional Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1010.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ai or	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Nina W Eisner Mailing Address 3050 Rio Dosa Drive City Lexington	State Zip Code KY 40509-9990	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Ridge Behavioral Health System  Receipt For:  Primary General  Other (specify)	Occupation Chief Executive Officer and Managing Aggregate Year-to-Date  500.00	500.00
 З.	Full Name (Last, First, Middle Initial) Mr Robert Shaw Mailing Address 19 Hill River Rd City	State Zip Code	Date of Receipt    M
	Louisville FEC ID number of contributing federal political committee.  Name of Employer	KY 40207-1191  C Occupation	Amount of Each Receipt this Period  500.00
	Norton Healthcare  Receipt For:  Primary General  Other (specify) ▼	President Cancer Institute  Aggregate Year-to-Date ▼  500.00	
 ;.	Full Name (Last, First, Middle Initial) Mr. Joel Gilbertson Mailing Address 2100 Lake Washington	ı Dr N	Date of Receipt
	Unit I-101 City Renton	State Zip Code WA 98056-1449	Transaction ID: 17718319  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Providence Health & Servi-	Occupation VP, Government & Public Affairs	1000.00
	ces Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
٤	SUBTOTAL of Receipts This Page (optional)	······	2000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
Any information copied from such for for commercial purposes, other to NAME OF COMMITTEE (In Fu American Hospital Association	•	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Ir Ms Stephanie L Bloom Mailing Address 109 Rowar  City Manahawkin  FEC ID number of contributing federal political committee.  Name of Employer Community Medical Center	,	Date of Receipt    M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Ir  Mr. Joseph A. Carr  Mailing Address 2378 Orch	,	Date of Receipt  1 1 2 7 2 0 0 9
City  Manasquan  FEC ID number of contributing federal political committee.	State         Zip Code           NJ         08736-4001	Transaction ID: 17718696  Amount of Each Receipt this Period  5.00
Name of Employer New Jersey Hospital Association Receipt For:  Primary General Other (specify) ▼	Occupation Chief Information Officer  Aggregate Year-to-Date ▼  240.	00
Full Name (Last, First, Middle Ir  Ms. Belinda Brown Cooper  Mailing Address 121 Clear (	,	Date of Receipt  1 1 2 7 2 0 0 9
City Langhorne	State Zip Code PA 19047	Transaction ID: 17718703  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-	Occupation Provided Manager Provided Pr	5.00
iation Receipt For:  Primary General Other (specify) ▼	Vice President, Human Resour Aggregate Year-to-Date ▼  240.	
SUBTOTAL of Receipts This Pag	e (optional)	260.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Ronald J Del Mauro  Mailing Address 95 Old Short Hills Roa	ad	Date of Receipt
City	State Zip Code	1 1 2 7 2 0 0 9 Transaction ID: 17718705
West Orange	NJ 07052-1008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Barnabas Health Care System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Ms. Theresa L. Edelstein		Date of Receipt
Mailing Address 27 Harvest Lane		1 1 2 7 2 0 0 9
City	State Zip Code	Transaction ID: 17718710
<u>Livingston</u>	NJ 07039-2750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President Continuing Care Service	= ce
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins	I	Date of Receipt
Mailing Address 6180 Lower Mountain	Road	11 27 2009
City	State Zip Code	Transaction ID: 17718715
New Hope	PA 18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	344.62	
SUBTOTAL of Receipts This Page (optional) .	<b>&gt;</b>	520.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs		Date of Receipt
Mailing Address 23 E. Delaware Avenu  City	State Zip Code	1 1 2 7 2 0 0 9  Transaction ID: 17718716
Pennington	NJ 08534-2302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.		Date of Receipt
Mailing Address 4 Poppy Lane		11 27 2009
City	State Zip Code	Transaction ID: 17718738
<u>Howell</u>	NJ 7731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation VP Health Economics	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr C.J. Christensen		Date of Receipt
Mailing Address 400 Lakeview Drive		11 30 4 2009
City	State Zip Code	Transaction ID: 17720875
<u>Marion</u>	KY 42064-7208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Crittenden County Hospital	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		360.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number	<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 144 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∡.	Full Name (Last, First, Middle Initial) Mr. Wayne A. Smith			Date of Receipt
	Mailing Address 1280 South Governors		7: Codo	11 30 2009
	City Dover	State DE	Zip Code 19904-4802	Transaction ID: 17721101  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		690.00
	Name of Employer Delaware Healthcare Assoc- iation Receipt For:	Occupation President Aggregate		
	Primary General Other (specify) ▼		690.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Delia O'Connor			Date of Receipt
	Mailing Address 25 Highland Avenue			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17721104
	Newburyport	MA	01950-3867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Anna Jaques Hospital	Occupation Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	
	Full Name (Last, First, Middle Initial) Mr. Jason Carlson			Date of Receipt
	Mailing Address 30 South Behl Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17721112
	Appleton	MN	56208-1616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.00
	Name of Employer Appleton Area Health Serv- ices	Occupation Chief Ex	on ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)			1055.00
	TOTAL This Period (last page this line number	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Mulaimes F Hanko  City State Zip Code Bernidii MN 56601-5103  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Recept For: Pirinary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mulaimes Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code MN 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code MN 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code Mn 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code Mn 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code Mn 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code Mn 55114-1052  FEU IN Amer (Last, First, Middle Initial) Mr. Lavernocal Massocial Mn 55114-1052  FEU IN Amer (Last, First, Middle Initial) Mr. Lavernocal Massocial Mn 55114-1052  FEU ID number of contributing federal political committee.  City State Zip Code Mn 55114-1052  Date of Receipt  Transaction ID: 17721119  Amount of Each Receipt this Period  City State Zip Code Deriver CO 30202-5703  FEU ID number of contributing federal political committee.  City Deriver CO 30202-5703  FEU ID number of contributing federal political committee.  City Deriver Co 30202-5703  FEU ID number of contributing federal political committee.  City Deriver Co 30202-5703  FEU ID number of contributing federal political committee.  City City Deriver Co 30202-5703  FEU ID number of c		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Date of Receipt   State   Zip Code   Second		or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee.  Name of Employer Minnesotal Hospital Association Receipt For:    Primary   General	<b>∠</b> <b>A</b> .	Mr. James F Hanko  Mailing Address 1300 Anne St. NW  City		•	1 1 3 0 2 0 0 9 Transaction ID: 17721118
spital   President and Crime Executive Onicer   Receipt For:   Primary   General   Aggregate Year-to-Date ▼   600.00      Full Name (Last, First, Middle Initial)   But Lawrence J Massa   Mailing Address   2550 University Avenue W.		FEC ID number of contributing federal political committee.	C		
Mailing Address 2550 University Avenue W.  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼ State Zip Code Milling Address 1999 Broadway, Suite 4000  City State Zip Code MN 55114-1052  Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton., FACHE Mailing Address 1999 Broadway, Suite 4000  City State Zip Code Molecular State Zip Code Molecular State Zip Code Molecular State		spital Receipt For: Primary General	Presiden	nt and Chief Executive Office e Year-to-Date ▼ 600.00	<u>,                                    </u>
City Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer (C) State Zip Code (C) Primary (C) State Zip Code (C) St	3.	Mr. Lawrence J Massa	e W.		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.    Name of Employer Minnesota Hospital Association   President		City	State	Zip Code	
Minnesota Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Kevin E Lofton, , FACHE  Mailing Address 1999 Broadway, Suite 4000  City State Zip Code Denver CO 80202-5703  FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiatives Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		FEC ID number of contributing		55114-1052	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton, FACHE Mailing Address 1999 Broadway, Suite 4000  City State Zip Code Denver CO 80202-5703  FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiativ- es Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00		Minnesota Hospital Associ- ation	Presiden	nt	
Mr. Kevin E Lofton, , FACHE  Mailing Address 1999 Broadway, Suite 4000  City State Zip Code Denver CO 80202-5703  FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiatives Receipt For: Primary General Other (specify) ▼  Date of Receipt  Mr M / D 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate		]
City  Denver  CO  State  Zip Code  CO  80202-5703  Columbter of contributing federal political committee.  Name of Employer Catholic Health Initiatives  Receipt For:  Primary  General  Other (specify) ▼  State  Zip Code  Transaction ID: 17721127  Amount of Each Receipt this Period  1000.00  Transaction ID: 17721127  Amount of Each Receipt this Period  1000.00	-	Mr. Kevin E Lofton, , FACHE			Date of Receipt
Denver  CO 80202-5703  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiatives Receipt For:  Primary General  Other (specify) ▼  Amount of Each Receipt this Period  1000.00  Amount of Each Receipt this Period  1000.00		Mailing Address 1999 Broadway, Suite	4000		
FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiatives  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00		-		·	Transaction ID: 17721127
Catholic Health Initiatives President and Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00		FEC ID number of contributing		80202-5703	
Primary General Other (specify) ▼  1000.00		es			
1275.00		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1275.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 144 (check only one)    X
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
. <u>/</u> \.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt
	Mailing Address 506A East Howell Aver	nue		1 1 3 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595123063
	Alexandria	VA	22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate [	Director	
	Receipt For:		ear-to-Date <b>V</b>	
	Primary General Other (specify) ▼		460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726223063
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice	e President & General Cou	unse
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		897.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		11 30 2009
	City	State	Zip Code	Transaction ID: PR1082532723063
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Ass	ociate Director	
	Receipt For:	Aggregate Y	ear-to-Date ▼	_
	Primary General Other (specify) ▼		304.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	l		156.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 144 (check only one)    X   11a
	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	colicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)		
Α.	Ms. Barbara Jellen  Mailing Address 325 Seventh Street, NV Suite 700	V	Date of Receipt  1 1 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR1113464223063
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary General  Other (specify) ▼	Occupation Section Director, Constituency Section Aggregate Year-to-Date   322.00	P/R Deduction (\$14.00 Bi- Weekly)
_ В.	Full Name (Last, First, Middle Initial) Mr. Davon Gray Mailing Address 325 Seventh Street, NV	V	Date of Receipt
	Suite 700 City	State Zip Code	Transaction ID: PR1143013023063
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Legislative Assistant Aggregate Year-to-Date  322.00	P/R Deduction (\$14.00 Bi- Weekly)
_ c.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows Mailing Address One North Franklin		Date of Receipt
	City	State Zip Code	1 1 3 0 2 0 0 9 Transaction ID: PR1260472923063
	Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	Occupation Director of Professional Practice, AON Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		84.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy		Date of Receipt
Mailing Address 1660 Lanier PL Apt. 30	09	11 30 4 2009
City	State Zip Code	Transaction ID: PR1300853723063
Washington	DC 20009-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager AHAPAC Coordinate	or
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield		Date of Receipt
Mailing Address One North Franklin Str Suite 32139	reet	11 30 7 9 9
City	State Zip Code	Transaction ID: PR1302378923063
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.96
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	869.60	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. James Wadzinski	<u> </u>	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1347703423063
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1110.00	P/R Deduction (\$20.00 Bi- Weekly)
SURTOTAL of Receipts This Page (ontional)		154.96

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 144 (check only one)    X
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		111 30 7 2009
	City <u>Chicago</u>	State Zip Code IL 60606-3436	Transaction ID: PR1347703623063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Susan Gergely	<u> </u>	Date of Receipt
	Mailing Address One North Franklin	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1347791023063
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	11 30 7 9 9
	City	State Zip Code	Transaction ID: PR1384065323063
	Washington 550 ID contribution	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$20.00 Bi- Weekly)
	CURTOTAL of Descripts This Days (artisms)		146.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
, C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt
	Mailing Address One North Franklin		111 30 2009
	City <u>Chicago</u>	State Zip Code IL 60606-3436	Transaction ID: PR1492459923063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASHHR	- -
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Monica D Day		Date of Receipt
	Mailing Address 10224 Prince Place #2	11 30 2009	
	City	State Zip Code	Transaction ID: PR1516850623063
	Largo	MD 20774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	29.18
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Political Affairs Coordinator	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 306.39	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga		Date of Receipt
-	Mailing Address One North Franklin		11 30 2009
	City	State Zip Code	Transaction ID: PR1555656223063
	Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period  30.44
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Direcor, Constituency Section	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 304.40	P/R Deduction (\$15.22 Bi- Weekly)
Γ	CURTOTAL of Descints This Dags (antional)		99.62

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 144 (check only one)    X   11a
Ai or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and addi	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	American Hospital Association PAC  Full Name (Last, First, Middle Initial)			1
۱.	Mr. Clinton S. Manning  Mailing Address 325 Seventh Street, NV	N		Date of Receipt
	Suite 700 City	State	Zip Code	1 1 3 0 2 0 0 9 Transaction ID: PR1555656523063
	Washington	DC	20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.44
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Asst. Dire	ctor Advocacy & Member C	Cornmu
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 304.40	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	weekly)
	Ms. Kathy Poole			Date of Receipt
	Mailing Address One North Franklin			11 30 / 9 2009
	City	State	Zip Code	Transaction ID: PR1589439923063
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.82
	Name of Employer American Hospital Associa- tion-Chicago	_ '	Governance Projects	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 302.27	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			11 30 7 2009
	City	State DC	Zip Code	Transaction ID: PR327629123063
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vic	ce President, Public Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 897.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			140.26

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 144 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough	Drive	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327745923063
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
Mailing Address 122 N. Greenwood Ave	enue	11 30 7 2009
City	State Zip Code	Transaction ID: PR327771623063
Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327777223063
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Long-Term Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		134.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	to the sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions
American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
Mailing Address 1022 S. Harvey Ave	nue		11 30 4 4 9 9
City	State	Zip Code	Transaction ID: PR327777823063
Oak Park  FEC ID number of contributing federal political committee.	C	60304-2132	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Chicago	<del>'</del>	sident, Member Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
Mailing Address 1003 Kimberly Place	11 30 4 2009		
City	State	Zip Code	Transaction ID: PR327801723063
Great Falls  FEC ID number of contributing federal political committee.	C	22066-1546	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Washingt	_ , '	e Vice President	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN	<b>'</b>		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR327812023063
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n ecutive Officer, AONE & Sr. V Year-to-Date ▼	i -
Primary General Other (specify) ▼	Aggregate	897.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	)		158.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PA	c	
Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
Mailing Address 6034 North 22nd S	treet	1 1 3 0 2 0 0 9
City	State Zip Code	Transaction ID: PR327831723063
Arlington  FEC ID number of contributing federal political committee.	VA 22205-3408	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan		Date of Receipt
Mailing Address One North Franklin	11 30 2009	
City	State Zip Code	Transaction ID: PR327846223063
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Meetings & Travel Serv	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
Mailing Address 2401 Calvert Stree Apt. 1008	t, NW	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327851923063
Washington	DC 20008-2614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Development	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option)	(ls	108.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	11 30 7 2009
City	State Zip Code	<b>Transaction ID:</b> PR327858023063
Washington FEC ID number of contributing	DC 20004-2818	Amount of Each Receipt this Period
federal political committee.	C	78.00
Name of Employer American Hospital Associa-	Occupation Vice President, Political Affairs	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry	I.	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327877823063
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	ı	Date of Receipt
Mailing Address 130 North Garland Co #3002	urt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327895723063
Chicago	IL 60602-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
SURTOTAL of Receipts This Page (entional)		196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Judy Williams		Date of Receipt
	Mailing Address One North Franklin Str		11 30 7 2009
	City	State Zip Code	Transaction ID: PR327918923063
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director Membership	7
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock	<u> </u>	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	11 30 / Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR328132823063
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and Chief Executive Officer	r
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		11 30 7 2009
	City	State Zip Code	Transaction ID: PR328136923063
	La Grange	IL 60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relations	5
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		184.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 144 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may no name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett			Date of Receipt
	Mailing Address One North Franklin Str	reet		1 1 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: PR328174923063
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive D	Director, SHSMD	
	Receipt For:	Aggregate Yo	ear-to-Date ▼	
	Primary General Other (specify) ▼		322.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 North Wayne			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223823063
	Chicago	<u>                                      </u>	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Presid	ent	
	Receipt For:	Aggregate Yo	ear-to-Date ▼	
	Primary General Other (specify) ▼		897.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224923063
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice	President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		184.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
C C	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date of Receipt
	Mailing Address 1093 N. Faldo Way		11 30 7 9 9
	City	State Zip Code	Transaction ID: PR328241423063
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa-	Occupation Regional Executive	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Stre	1 1 3 0 2 0 0 9	
	City	State Zip Code	Transaction ID: PR328260923063
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt
	Mailing Address 1221 Cavalier Road		1 1 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR328310423063
	Arnold	MD 21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President Strategic Com	ımun
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		196.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 144 (check only one)    X
A o	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		11 30 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328341823063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.20.0	78.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼		Political Action & Grassroot Year-to-Date  897.00	P/R Deduction (\$40.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero	Α/		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	/V		11
	City Washington	State DC	Zip Code	Transaction ID: PR328490123063
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  20.00
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511823063
	Yardley  FEC ID number of contributing federal political committee.	C	19067-5736	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 897.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			176.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 1501 N. Harrison Street	et	11 30 2009
	City Arlington	State Zip Code VA 22205-2726	Transaction ID: PR328512023063
	FEC ID number of contributing federal political committee.	C 22203-2726	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa-	Occupation Senior Vice President, Commun	nications
	tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	modition of
	Primary General Other (specify) ▼	460.0	I I WEEKIV)
_	Full Name (Last, First, Middle Initial) Mr. George Arges	<u> </u>	Date of Receipt
	Mailing Address One North Franklin St.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328641123063
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.46
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director, Health Data Ma	anagemen
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	431.8	P/R Deduction (\$22.73 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	e.	11 30 YYYYY 12009
	City	State Zip Code	Transaction ID: PR328913323063
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	88.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solution	ns, Inc. &
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
	Other (specify)	880.0	Weekly)
Γ	CURTOTAL of Descripto This Descriptoral)		173.46

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 144 (check only one)  X 11a 11b 11c 12  13 14 15 16 16
4	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. K	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt
	Mailing Address One North Franklin Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR329013423063
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD		Date of Receipt
	Mailing Address One North Franklin		11 30 4 2009
	City	State Zip Code	Transaction ID: PR329071323063
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, C	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR329084423063
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	······	158.00

SCHEDULE A (I	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 144 (check only one)    X
or for commercial purpos  NAME OF COMMITT  American Hospital	es, other than using the name and EE (In Full)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Mr. W. Thomas Dewee	, Middle Initial)		Date of Receipt
•	O Interstate Boulevard South		1 1 3 0 Y Y Y Y Y Y
City <u>Nashville</u>	State TN	Zip Code 37210-4634	Transaction ID: PR329215723063  Amount of Each Receipt this Period
FEC ID number of confederal political comm			78.00
Name of Employer American Hospital As tion-Chicago Receipt For: Primary Other (specify)	Aggreg General	ation Regional Executive gate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First Mr. John Evans Mailing Address Or	Middle Initial)  e North Franklin Street		Date of Receipt  1 1 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: PR329342623063
Chicago  FEC ID number of cole federal political comm		60606	Amount of Each Receipt this Period  28.00
Name of Employer American Hospital As tion-Chicago Receipt For:  Primary  Other (specify)	General Aggreg	ation Vice President & CFO gate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First Ms. Audrey L. Harris Mailing Address 11	Middle Initial)  36 W. Farwell Ave.		Date of Receipt
City	State	Zip Code	1 1 3 0 2 0 0 9 Transaction ID: PR329654223063
Chicago  FEC ID number of confederal political comm		60626-3861	Amount of Each Receipt this Period 28.00
Name of Employer American Hospital As tion-Chicago Receipt For:	Lxecu	ation tive Director, ASDVS gate Year-to-Date	
Primary Other (specify)	General	322.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts	This Page (optional)		134.00

	DULE A (FEC Form 3X ZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 114 / 144   (check only one)
Any infor	mation copied from such Reports and	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
	E OF COMMITTEE (In Full)	ine name and add	aress of arry political committee to	Solicit Contributions from Such Committee.
Ame	rican Hospital Association PAC			
	lame (Last, First, Middle Initial) atricia Meersman			Date of Receipt
Mailin	g Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR330343323063
<u>Chica</u>	ago	IL	60606-3436	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		40.00
Name Ameri	e of Employer ican Hospital Associa- Chicago	Occupatio Senior D	n irector Member Relations	
	pt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		460.00	P/R Deduction (\$20.00 Bi- Weekly)
	lame (Last, First, Middle Initial) nomas Misfeldt			Date of Receipt
Mailin	g Address One North Franklin	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: PR330411623063
<u>Chica</u>	ago	<u> L</u>	60606-3436	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		40.00
Name Ameri	of Employer ican Hospital Associa-	Occupatio	n e Regional Executive	
tion-C	Chicago pt For:		e Year-to-Date	
	Primary General Other (specify) ▼	riggregate	460.00	P/R Deduction (\$20.00 Bi- Weekly)
	lame (Last, First, Middle Initial)			Date of Receipt
	g Address 325 Seventh Street, Suite 700	NW		1 1 3 0 2 0 0 9
City		State	Zip Code	Transaction ID: PR330465223063
Was	hington	DC	20004-2818	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		28.00
Name	of Employer ican Hospital Associa-	Occupatio		
tion-V	Vashingt		General Counsel	
	pt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$14.00 Di
	Other (specify) ▼		322.00	P/R Deduction (\$14.00 Bi- Weekly)
	TAL of Receipts This Page (optional			108.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 144 (check only one)    X
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Cricle Wes		11 30 2009
	City	State Zip Code	Transaction ID: PR330475423063
	Apple Valley FEC ID number of contributing	MN 55124-9229	Amount of Each Receipt this Period 78.00
	federal political committee.		70.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	897.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard	<u>L</u>	Date of Receipt
	Mailing Address 6109 North 9th Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR330534323063
	Arlington	VA 22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Senior Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		1 1 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: PR330547723063
	<u>Chicago</u>	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		158.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 144 (check only one)    X   11a
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		11  30  2009
	City Lake Forest	State Zip Code  IL 60045-1715	Transaction ID: PR330549223063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	94.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Walter James Reiter		Date of Receipt
	Mailing Address 6820 Deerpath Road		11 30 7 9
	City	State Zip Code	Transaction ID: PR330776123063
	Elkridge	MD 21075-6200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Maryland Hospital Associa- tion	Occupation V.P., Advocacy & Member Commun	ications
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 )
_	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.	1	Date of Receipt
	Mailing Address 1101 N. Kentucky Str	eet	11 30 7 2009
	City	State Zip Code	Transaction ID: PR331278823063
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  322.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		162.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave		11 30 7 2009
	City <u>Alexandria</u>	State Zip Code VA 22301-2402	Transaction ID: PR331304223063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Policy (	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	11 30 4 2009
	City	State Zip Code	Transaction ID: PR331379123063
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Federal Relations & Polic	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	1 1 3 0 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR331386923063
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		96.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 118 / 144 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	I Statements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Mr. Alex R. White, Sr.  Mailing Address 6225 US Hwy 290 E			Date of Receipt  1 1 3 0 2 0 0 9
City		Zip Code	Transaction ID: PR331416023063
Austin	TX	78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regiona	I Executive for TX	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1334.00	P/R Deduction (\$60.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
Mailing Address 521 Great Falls St.	11 30 7 2009		
City		Zip Code	Transaction ID: PR331533223063
Falls Church	VA	22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Presiden		
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 897.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: PR346168123063
Chicago	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.84
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 440.40	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			233.84

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 144 (check only one)    X
0	r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		11 30 7 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR517619723063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Rela	ati
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	11 30 7 2009
	City	State Zip Code DC 20004-2818	Transaction ID: PR518031923063
	Washington  FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 43.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 434.80	P/R Deduction (\$21.74 Bi- Weekly)
. <del>-</del>	Full Name (Last, First, Middle Initial) Ms. Laura M. Werner		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	11 30 7 9 9
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR560101523063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.44
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 304.40	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		151.92

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 144 (check only one)    X
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt
	Mailing Address 325 Seventh Street, N		11 30 7 2009
	City Washington	State Zip Code DC 20004-2802	Transaction ID: PR566280923063
	FEC ID number of contributing federal political committee.	DC 20004-2802	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Associate Director, Federal Relations Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt
	Mailing Address 606 S. Royal St.		11 30 2009
	City	State Zip Code	Transaction ID: PR766023723063
	Alexandria	VA 22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy	
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
. <del>-</del>	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		11 30 7 2009
	City	State Zip Code	Transaction ID: PR801366323063
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	108.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 144 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Lisa Kidder Hrobsky	,	Date of Receipt
Mailing Address 325 Seventh Street, Suite 700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State Zip Code DC 20004-2818	Transaction ID: PR876637223063  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Vice President, Legislative Affairs  Aggregate Year-to-Date ▼  437.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	11
City	State Zip Code	Transaction ID: PR936292323063
Washington  FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  28.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Director of Operations	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. David A. Strickland		Date of Receipt
Mailing Address One N. Franklin Stre	eet	1 1 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR939603923063
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director Quality Center	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	)	98.00
TOTAL This Period (last page this line numb		108396.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 144 (check only one)  11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  AZHHA Political Action Committee (Federal)  Mailing Address 2901 North Central Ave Suite 900  City  Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General  Other (specify)	State Zip Code AZ 85012  C C00217687  Occupation  Aggregate Year-to-Date  27075.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code CA 95814  C C00237495  Occupation  Aggregate Year-to-Date ▼  150000.00	Date of Receipt  M M M / D D / 2009  Transaction ID: 17655978  Amount of Each Receipt this Period  10000.00
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587  City Austin  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code TX 78761-5587  C C00301325  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		36349.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sur		FOR LINE NUMBER: PAGE 123 / 144 (check only one)  11a 11b 11c X 12 13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or uname and address of any poli	used by any persor tical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt
	Mailing Address 1215 K Street Suite 800			11 1 12 2009
	City	State Zip Code CA 95814		Transaction ID: 17700823
	Sacramento  FEC ID number of contributing federal political committee.	CA 95814 C C00237495		Amount of Each Receipt this Period  10000.00
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼		160000.00	
— В.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park Di	ivo		Date of Receipt
	Mailing Address 5510 Research Park Di	ive		11 19 2009
	City	State Zip Code		Transaction ID: 17708988
	Madison  FEC ID number of contributing federal political committee.	WI 53725-903 C C00359455	38	Amount of Each Receipt this Period  1000.00
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	13775.00	
 C.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt
	Mailing Address 1215 K Street Suite 800			11 23 7 2009
	City	State Zip Code		Transaction ID: 17714911
	Sacramento FEC ID number of contributing federal political committee.	C C00237495		Amount of Each Receipt this Period  10000.00
	Name of Employer	Occupation		1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	170000.00	
sı	JBTOTAL of Receipts This Page (optional)			21000.00
	OTAL This Period (last page this line number of			57349.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 144 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW			Date of Receipt
City	State	Zip Code	1 1 3 0 2 0 0 9 Transaction ID: 17804765
Washington  FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period  253.14
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3005.70	Interest Earned

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	253.14
TOTAL This Period (last page this line number only)	<b>•</b>	253.14

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)			NE NUMBER: PAGE 125 / 144 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and S or commercial purposes, other than using the				
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u> </u>	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress				Transaction ID: 17700882 Date of Disbursement
	Mailing Address P.O. Box 2232				111 05 7 2009
	City Jenkintown	State Zip Code PA 19046			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Allyson Y. Schwartz			tegory/ ype	
	Senate President	bursement For: 2010 Primary X General Other (specify)			Contribution
	State: PA District: 13  Full Name (Last, First, Middle Initial)				Transaction ID: 17700884
	Texans For Lamar Smith				Date of Disbursement
	Mailing Address PO Box 6155				11 05 2009
	City San Antonio	State Zip Code TX 78209			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Lamar S. Smith			tegory/ ype	
	Office Sought:  X House Senate President State: TX District: 21	sbursement For: 2010  X Primary General  Other (specify)			Contribution
	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress				Transaction ID: 17700885 Date of Disbursement
	Mailing Address PO Box 12667				111 / 05 / 2009
	City Bakersfield	State Zip Code CA 93389			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	3000.00
	Candidate Name Rep. Kevin McCarthy			tegory/ ype	
	Senate President	bursement For: 2010  X Primary General  Other (specify)	I	<u></u>	Contribution
	State: CA District: 22  UBTOTAL of Disbursements This Page (opti				5000.00

SCHEDULE B	•	·		rate schedule(s)		heck on	E NUMBE	ın.		L	AGE	120 /	144
ITEMIZED DIS			Detailed S	ategory of the Summary Page	È	21b 27	22 28a		23 28b	24 280		25 29	
Any Information copied or for commercial purp													i
NAME OF COMMI		<u>-</u>											
Full Name (Last, Fi Coulson For Co									n ID: burser	1770 nent	0891		
Mailing Address	PO Box 2354						1 1	M /	<sup>D</sup> 0	5 /	y y 2	0 ŏ 9	Y
City Glenview			tate L	Zip Code 60025			Amou	unt of	Each [	Disburs	-		
Purpose of Disburs Contribution	sement				01	1	<u>L.</u>			-	200	00.00	
Candidate Name Elizabeth Coulso					ate Typ	gory/ pe							
Office Sought:	X House Senate President		nent For: Primary Other (spec	2010 General			Conti	ributio	on				
Full Name (Last, Fi										1770	0893		
Friends For Hari  Mailing Address	ry Reid 						Date 1 1	of Dis	burser 1		y y 2	0 ŏ 9	Y
City			state	Zip Code			Amou	unt of	Each [	Disburs	omont	thic D	Porio
Las Vegas			۱V	89132			Ailio	unit on	Laciil	)isbuis			_
Purpose of Disburs Contribution	sement				01		L.		•		250	00.00	_
Candidate Name Sen. Harry Reid					ate Typ	gory/ be							
Office Sought: State: NV	House  X Senate  President  District:		nent For: Primary Other (spec	2010 X General cify) ▼			Conti	ributio	on				
Full Name (Last, Fi A Lot Of People	. ,						Date	of Dis	burser	1770 nent			
Mailing Address	P O Box 1322 PO Box 1322						1 1	M /	<sup>D</sup> 1	D /	ž	0 ŏ 9	Y
City Wausau			itate VI	Zip Code 54402			Amou	unt of	Each [	Disburs			
Purpose of Disburs Contribution	ement				01		L.	•		-	100	00.00	_
Candidate Name Rep. David R. C	bey				ate Typ	gory/ oe							
Office Sought:	X House Senate President District: 07		nent For: Primary Other (spec	2010 X General cify) ▼			Conti	ributio	on				
State. TVI	5.501100. 01							-				0.00	_

		Use separate schedule(s	)	_	)K LINE neck only	_				1,7	GE	,,	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29	20
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												
Λ	NAME OF COMMITTEE (In Full)												
	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress					Trans					897		
						Date of	М	/ D		/ Y	Y	0 ŏ 9	Υ
	Mailing Address PO Box 1045					1 1			1 0			009	
	City Erie	State Zip Code PA 16512				Amou	int o	f Each	n Disl	burse	ment	this P	eriod
	Purpose of Disbursement					L.					100	00.00	
	Contribution Candidate Name		-	01 ated	ory/								
	Rep. Kathleen A. Dahlkemper			Тур									
	Senate	ment For: 2010 Primary General				Contr	ibut	ion					
	State: PA District: 03	Other (specify)											
	Full Name (Last, First, Middle Initial)					Trans					903		
	Lincoln Diaz-Balart For Congress					Date of	of Di м	/ D	D	nt / Y	Y	<u> Y</u> _	Υ
	Mailing Address 1001 Brickell Bay Drive 9th Floor					11	_	L	1 0	L	2	0 ŏ 9	
	City Miami	State Zip Code FL 33131				Amou	int o	f Each	n Disl	burse	ment	this P	eriod
	Purpose of Disbursement Contribution			01	1		_				250	00.00	
	Candidate Name Rep. Lincoln G. Diaz-Balart		Ca	-	ory/								
	Senate X President	ment For: 2010 Primary General Other (specify)	•			Contr	ibut	ion					
_	State: FL District: 21  Full Name (Last, First, Middle Initial)					Tuono		ID	. 4	7700	000		
	Hastings For Congress					Trans Date		sburs			906		
	Mailing Address P.O. Box 100277					1 1	М	/ D	1 0	/ Y	ž	0 ŏ 9	Y
	City Ft. Lauderdale	State Zip Code FL 33310				Amou	int o	f Each	n Disl	burse	ment	this P	'eriod
	Purpose of Disbursement Contribution			01	1						250	00.00	
	Candidate Name Rep. Alcee L. Hastings			ateg Typ	ory/								
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Purpose of Disbursement Contribution		011	500.00
Candidate Name Rep. Phil Gingrey, M.D.		Category/ Type	
Senate President	sbursement For: 2010  X Primary General  Other (specify)		Contribution
State: GA District: 11  Full Name (Last, First, Middle Initial)			Transaction ID: 17704926
Bill Shuster For Congress			Date of Disbursement
Mailing Address PO Box 27			111
City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. William Franklin Shuster		Category/ Type	
Office Sought:  X House Senate President State: PA District: 09	sbursement For: 2010  X Primary General  Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) John Lewis For Congress			Transaction ID: 17704927 Date of Disbursement
Mailing Address PO Box 2323 Suite 5300			11  13  Y 2 0 0 9 Y
City Atlanta	State Zip Code GA 30301		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. John Lewis		Category/ Type	
Office Sought:  X House Senate President State: GA District: 05	sbursement For: 2010  X Primary General  Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (opt	D		3500.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s		LINE NUMBER: PAGE 134 / 144 conly one)				
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NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transaction ID: 17704960				
Mccaul For Congress, Inc			Date of Disbursement				
Mailing Address 815-A Brazos Stree Pmb 230	eet		111 / 13 / 2009				
City Austin	State Zip Code TX 78701		Amount of Each Disbursement this Period				
Purpose of Disbursement	17 70701		1000.00				
Contribution		011					
Candidate Name Rep. Michael T. McCaul		Category/ Type					
Office Sought: X House Senate President	Disbursement For: 2010  X Primary General  Other (specify)		Contribution				
State: TX District: 10							
Full Name (Last, First, Middle Initial)			Transaction ID: 17704961				
John Salazar For Congress			Date of Disbursement				
Mailing Address PO Box 534			111 13 7 2009				
City Pueblo	State Zip Code CO 81002		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution		011	1000.00				
Candidate Name Rep. John T. Salazar		Category/ Type					
Office Sought:  X House Senate President State: CO District: 03	Disbursement For: 2010  X Primary General  Other (specify)		Contribution				
Full Name (Last, First, Middle Initial)			Transaction ID: 17704067				
Klobuchar For Minnesota			Transaction ID: 17704967 Date of Disbursement				
Mailing Address PO Box 4146			111				
City Ct Dov.	State Zip Code		Amount of Each Disbursement this Period				
St Paul Purpose of Disbursement	MN 55104		1000.00				
2012 Contribution		011					
Candidate Name Amy Klobuchar		Category/ Type					
X Senate President	Disbursement For: 2012  X Primary General  Other (specify)		2012 Contribution				
State: MN District:							
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		INE NUMBER: PAGE 135 / 144
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NAME OF COMMITTEE (In Full)	ine and address of any pointed	i committee t	o solicit contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez			Transaction ID: 17708980 Date of Disbursement
Mailing Address 1212 S. Victory Blvd. Suite 211			111 / 05 / 2009
City Burbank	State Zip Code CA 91502		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Loretta Sanchez		Category/ Type	
Senate President	x Primary General Other (specify)		Contribution
State: CA District: 47  Full Name (Last, First, Middle Initial)			ID 43744754
Mccotter Congressional Committee			Transaction ID: 17714751  Date of Disbursement
Mailing Address PO Box 530788			1 1 1 D 1 D 1 Y 2 0 0 9 Y
City Livonia	State Zip Code MI 48153		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Thaddeus G. McCotter		Category/ Type	
Senate President	xsement For: 2010  X Primary General  Other (specify)		Contribution
State: MI District: 11  Full Name (Last, First, Middle Initial)			Transaction ID: 17714816
Simpson For Congress			Date of Disbursement
Mailing Address 1487 Parkway Drive			111
City Blackfoot	State Zip Code ID 83221		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Michael K. Simpson		Category/ Type	
Office Sought:  X House Senate President  Disbut	rsement For: 2010  X Primary General Other (specify)	1 765	Contribution
State: ID District: 02			
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$  \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC														
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A.	Full Name (Last, First, Middle Initial) Boyd For Congress						Date	of I	Disbur	rse		_			
	Mailing Address P.O. Box 15703						<b>1</b> 1	М	/ [	1	9 /	Y	žoŏ	9 <sup>Y</sup>	
	City Tallahassee	State Zip Code FL 32317					Amo	unt	of Ead	ch	Disbur	seme	nt this	Peri	od
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	Candidate Name			Q1 ated	iory/										
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		ement For: 2010 Primary General Other (specify)					Cont	ribu	ution						
	State: FL District: 02														
В.	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress								t <b>ion I</b> l Disbur	rse		1482	8		
	Mailing Address PO Box 10322						<b>1</b> 1	М	/ [	1	9 /	Y	ž 0 ŏ	9 <sup>Y</sup>	
	City Raleigh	State Zip Code NC 27605					Amo	unt	of Ead	ch	Disbur		-		od
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	Candidate Name Rep. Brad Miller		C	ateg Typ	jory/ e										
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	Full Name (Last, First, Middle Initial)						Tran	sac	tion I	D:	177	1486	2		
C.	Ben Chandler For Congress								Disbur						
	Mailing Address P. O. Box 12678						<b>1</b> 1		/ [	1	9 /	Y	žoŏ	9 <sup>Y</sup>	
	City Lexington	State Zip Code KY 40508					Amo	unt	of Ead	ch	Disbur	seme	nt this	Peri	od
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	Candidate Name Rep. Benjamin Chandler		С	_	jory/										
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NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)  Quigley For Congress				action ID:	_	39		
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Mailing Address PO Box 13040								
City Chicago	State Zip Code IL 60613		Amou	int of Each	Disbursem	ent this F	Perio	
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Candidate Name Rep. Michael Quigley		011 Category/ Type	'					
Office Sought:  X House Senate President State: IL District: 05	ursement For: 2010  X Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) Rob Wittman For Congress				action ID:	_	)4		
Mailing Address PO Box 999			11	M / D 1	9 / Y	ž 0 ŏ 9	) Y	
City Montross	State Zip Code VA 22520		Amou	int of Each	Disbursem			
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Candidate Name Rep. Robert J. Wittman		Category/ Type	"					
Office Sought:  X House Senate President State: VA District: 01	ursement For: 2010  X Primary General  Other (specify) ▼	•	Contr	ibution				
Full Name (Last, First, Middle Initial) James Webb For Senate				saction ID: of Disburse		08		
Mailing Address PO Box 17427			1 1	M / D 1	9 / Y	ž 0 ŏ 9	e Y	
City Arlington	State Zip Code VA 22216		Amou	int of Each	Disbursem	ent this F	Perio	
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Candidate Name Senator James Webb		Category/ Type						
Office Sought:  House  Disb  Senate  President	ursement For: 2012  X Primary General  Other (specify) ▼	1 7/2-	2012	Contributi	on			
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		First, Middle Initial)						-	nsaction IE e of Disburs	sement			. V			
	Mailing Address	P.O. Box 2232						1	1 / _	23	Ľ	ž 0 ŏ	9 '			
	City Jenkintown			State PA	Zip Code 19046			Am	ount of Eac	h Disbı	ırsem	ent this	Perio	bc		
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	Candidate Name Rep. Allyson Y.	Schwartz					tegory/ Type									
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	Full Name (Last, F Campaign For	First, Middle Initial) Our Country							nsaction IE e of Disburs			02				
	Mailing Address	10 G Street, NE Suite 710	Ξ					1 M	1 M / D	23	Υ	<sup>y</sup> 0 0	9 <sup>Y</sup>			
	City Washington			State DC	Zip Code 20002			Am	ount of Eac	h Disbı	ursem	ent this	Perio	od		
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	Full Name (Last, F John Lewis For	First, Middle Initial) Congress						Dat	nsaction II e of Disburs	sement		04				
	Mailing Address	PO Box 2323 Suite 5300						1 <sup>M</sup>	<b>1</b> M / D	23	Y	ž 0 ŏ	9 <sup>Y</sup>			
	City Atlanta			State GA	Zip Code 30301			Am	ount of Eac	h Disbı	ırsem	ent this	Perio	bc		
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	Candidate Name Rep. John Lewi					Са	itegory/ Type									
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<u>/</u>	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.					Date	of Dis	burse		57081				
	Mailing Address P.O. Box 714					1 1	M /	<sup>D</sup> 2	<b>3</b> /	Y	0 0 9	) \		
	City Hackensack	State Zip Code NJ 07602				Amou	nt of	Each	Disbur	semer	t this F	Perioc		
	Purpose of Disbursement Contribution			01	1	L.	_			5	00.00			
	Candidate Name Rep. Steven R. Rothman		ı	ateg Typ	ory/ e									
	Office Sought:  X House Senate President State: NJ District: 09	oursement For: 2010  X Primary General  Other (specify)				Contr	ibuti	on						
	Full Name (Last, First, Middle Initial) Candice Miller For Congress					Trans			1770 ement	67863	3			
	Mailing Address P.O. Box 182152					1 1	M /	<sup>D</sup> 2	<sup>D</sup> /	Y	0 ŏ 9	) Y		
	City Shelby Township	State Zip Code MI 48318				Amou	nt of	Each	Disbur	semer	t this F	Period		
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	Rep. Candice S. Miller		ı	Тур	-									
	Office Sought:  X House Senate President State: MI District: 10	oursement For: 2010  X Primary General  Other (specify)				Contr	ibuti	on						
	Full Name (Last, First, Middle Initial) Peters For Congress					Date of	of Dis	burse		35434				
	Mailing Address PO Box 226					1 <sup>M</sup> 1	M /	<sup>D</sup> 2	<b>3</b> /	Y 2	0 0 9	) <sup>Y</sup>		
	City Bloomfield Hills	State Zip Code MI 48303				Amou	nt of	Each	Disbur	semer	t this F	Perio		
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	Candidate Name Rep. Gary C. Peters		ı	ateg Typ	-									
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Mike Rogers For Congress					Transa Date of	Disbu				0 ŏ 9	Y
	Mailing Address 123 East 13th Street											
	City Anniston	State Zip Code AL 36201				Amoun	t of Ea	ch Dis	burse	-		-
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	Rep. Michael D. Rogers	sement For: 2010		Type	<b>y</b> ,							
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	Full Name (Last, First, Middle Initial) Griffith For Congress					Transa Date of	Disbu	rseme		469		
	Mailing Address Post Office Box 2916					11	/ [	23	/ Y	ž	0 ŏ 9	Y
	City Huntsville	State Zip Code AL 35804				Amoun	t of Ea	ch Dis	burse			
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	Candidate Name Rep. Parker Griffith, MD  Office Sought: X House Senate President  Disburs	X Primary General	Ca	•	y/	<b>Transa</b> Date of	<b>ction I</b> Disbu	rseme				
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	Candidate Name Rep. Parker Griffith, MD  Office Sought: X House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial) Bright For Congress	X Primary General	Ca	•	y/	Transa Date of	ction I Disbu	rseme	nt	Ž ment	0 0 9	eriod
	Candidate Name Rep. Parker Griffith, MD  Office Sought: X House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial) Bright For Congress  Mailing Address P.O.Box 2106  City Montgomery  Purpose of Disbursement Contribution	X Primary General Other (specify) ▼  State Zip Code	Ce	Type 011		Transa Date of	ction I Disbu	rseme	nt	Ž ment	0 ŏ 9	eriod
	Candidate Name Rep. Parker Griffith, MD  Office Sought: X House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial) Bright For Congress  Mailing Address P.O.Box 2106  City Montgomery  Purpose of Disbursement	X Primary General Other (specify) ▼  State Zip Code	Ce	Type		Transa Date of	ction I Disbu	rseme	nt	Ž ment	0 0 9	eriod
	Candidate Name Rep. Parker Griffith, MD  Office Sought: X House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial) Bright For Congress  Mailing Address P.O.Box 2106  City Montgomery  Purpose of Disbursement Contribution Candidate Name Rep. Bobby Neal Bright, Sr.  Office Sought: X House Disbursement	X Primary General Other (specify) ▼  State Zip Code	Ca	Type  O11 ategor		Transa Date of	ction I Disbu / r	rseme	nt	Ž ment	0 0 9	eriod

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	Full Name (Last, F Rex Rice For C	First, Middle Initial) congress								-		ion ID			78742	8		
	Mailing Address	301 Providence PO Box 1706	Way						- [	<sup>м</sup> 1	М	/ D	2	<b>3</b> /	Υ	ž 0 ŏ s	9 <sup>Y</sup>	
	City Easley		Sta SC		Zip Code 29642				<i>F</i>	mou	ınt c	f Eacl	h [	Disbu	ırseme			
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	Candidate Name Mr. Rex Rice					С	ateg Typ	•										
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	•	ny Brown-Waite								ate	of D	isburs	ser	nent				
	Mailing Address	PO Box 865							1 l	<sup>M</sup> 1	М	/ D	0	2	Y	ž 0 ŏ 9	9 <sup>*</sup>	
	City Brooksville		Sta FL		Zip Code 34605				1	mou	ınt c	f Eacl	h [	Disbu	ırseme	nt this	Perioc	
	Purpose of Disbur Void of 10/09 che					Г	01	1					0		-1	00.00	)	
	Candidate Name Rep. Virginia B	rown-Waite				С	ateg Typ											
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		First, Middle Initial)								ate	of D	isburs	ser	nent				
	Mailing Address	3563 Carriage V	Valk Lane						[	м 1 1	М	/ D	1 (	0 /	Y	ž 0 ŏ s	9 <sup>Y</sup>	
	City Laurel		Sta M[		Zip Code 20724				-	mou	ınt c	f Eacl	h [	Disbu	ırseme	nt this	Perioc	
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	y Information copied from such Reports and State for commercial purposes, other than using the nar	•	, , ,	
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) National Leadership PAC  Mailing Address 635 B Pennsylvania Av	e.		Transaction ID: 17814007 Date of Disbursement  M M M D D D V Y Y O Y O Y O Y O O O O O O O O O O O
	City Washington Purpose of Disbursement	State Zip Code DC 20005		Amount of Each Disbursement this Period -1000.00
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	Office Sought: House Disbur. Senate President State: District:	sement For: Primary General Other (specify)		Void of 10/09 check

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 143 / 144
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or for commercial purposes, other than using the name			
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Full Name (Last, First, Middle Initial)			Transaction ID: 17804713
American Express			Date of Disbursement
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City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees		001	4.95
Candidate Name		001 Category/ Type	
Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: 17804714 Date of Disbursement
Mailing Address Ste. 001			1 1 M / D D D / Y Y Y O Y 9 Y
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
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Merchant Fees Candidate Name		001 Category/ Type	
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City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
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Any Information copied from such Reports and State	nents may not be sold or used by any	person for the purpose of soliciting contributions
or for commercial purposes, other than using the nan	e and address of any political commi	ttee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 17804757
Citibank, F.S.B.		Date of Disbursement
		111
Mailing Address 1400 G Street, NW		11 M M / D B / Y 2 0 0 9 Y
City	State Zip Code	Amount of Each Disbursement this Period
Washington	DC 20005	
Purpose of Disbursement		33.80
Bank Fee	00	01
Candidate Name	Cate	gory/
	Tyl	pe
Office Sought: House Disburs	ement For:	Bank Fee
Senate	Primary General	Dalik i ee
President	Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	33.80
TOTAL This Period (last page this line number only)	<u> </u>	229.29